EXHIBIT 3

Tennessee Eligibility Determination System (TEDS) Project

Notice Control Documents – Notice of Decision

March 19, 2023
Version 1.41

Document Control Information

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
v0.1	04/08/2017	Baseline version	Elizabeth Dubret-Hill
v0.2	04/10/2017	Updated in Design Session	Elizabeth Dubret-Hill
v0.3	04/11/2017	Recovered After Design Session	Elizabeth Dubret-Hill
v0.4	04/12/2017	Updated in Design Session	Elizabeth Dubret-Hill
v0.5	04/12/2017	Recovered After Design Session	Elizabeth Dubret-Hill
v0.6	04/13/2017	Updated in Design Session	Elizabeth Dubret-Hill
v0.7	04/17/2017	Recovery – Accepted changes from design session; Added SSI Language; Removed CK Medical Bills language; Updated Language from Angela; Updated language and triggers; Added triggers. Example added.	Elizabeth Dubret-Hill
v0.8	07/02/2017	Ready for PMO Review	Elizabeth Dubret Hill
v1.0	07/05/2017	PMO review complete	Lauren Hill
v1.1	08/07/2017	WK1-0346 – Added specific notice ID to each Notice Control Document. WK1-0347 – Ensured Spanish Inclusion language is TNR 11 bold throughout applicable notices. WK1-0348 – Updated Help Without Appeals Common Language as specified in email to E. Hill on 7/13 in all applicable notices. WK1-0350 – Removed "Document comments… the Notices group" from Notice Template explanation. WK1-0351 – Ensured Person ID appears and is accounted for in each Notice Details table. Clarified that INDV ID = Person ID in the Notice Details Table. WK1-0357 – Unbolded "TennCare Advocacy Program" in Mental Illness Common Language. WK1-0431 – Inserted a space between "appeal" and "To find a legal aid" in the Legal Aid Common Language. WK1-0405 – Added "After installing the app" before "create an account by clicking the Create Account button" in the second paragraph of #2 in the Reporting Changes and Returning Documents Common Language.	Thomas Barry

Version	Date	Additions/Modifications	Prepared/Revised by
		WK3-0951 – unbolded the word "appeal" in item 1 of "How to File and Eligibility Appeal" WK3-0954 – clarified formatting for coverage dates in Notice Details. WK3-0955 and WK4-1040 – updated language per comment. WK4-0888 – updated MSP language; WK4-0889 –added new approval and retro term trigger; WK4-0891 – Updated description; WK4-0892 – changed "closed" to "termed" in the business trigger; WK4-0896 – updated change language trigger; WK4-0897 – updates to description of trigger; WK4-0898 – updated trigger description; WK4-0902 – updated language per comment; WK4-0903 – updated trigger name to say approval and future term; WK4-0904 – updated language; WK4-0906 – updated notice language to match the comment; WK4-0908 – removed "Anymore" from the triggering condition; added language and trigger per WK4-0910; WK4-0913 – updated language per design comment; WK4-0914 and WK4-0915 – Revised paragraph per design comment; WK4-0916 – removed unnecessary trigger condition WK4-0995 – change applied WK5-0557 – all regulations checked; WK4-0901, WK4-0905, WK4-0890, and WK4-090 – updated; WK3-0923: removed address punctuation and updated name from toggle to all capital case WK5-0042: Updated language; Added Spanish Translation	

Version	Date	Additions/Modifications	Prepared/Revised by
v1.2	8/21/2017	WK3-0926 – Updated common language WK5-0004 – This is how we need to add variable language to state that someone is not eligible for CK Pregnant Woman because they are not a citizen not because they are not pregnant.	Elizabeth Dubret Hill
v1.3	8/25/17	WK5-0042 – updated language per Kim Hagan Made all other changes per Angela Turner	Elizabeth Dubret Hill
V1.3	8/29/2017	Document formally approved by TennCare on 8/29/2017 with the approval of DEL-26 Functional Design Document	Alison Gallun
V1.4	09/20/2017	TEDS-14772: Updated the Spanish Translation TEDS-14757 : All section headers should say "Part" TEDS-14572: • Add quotation marks to "How to Send Proof" common language on all notice templates. • Make TennCare and CoverKids variable in the People Who Lie common language	Lolly Kruse
V1.4	10/06/2017	Document included in Change Request submission for September 2017	Alison Gallun
V1.4	10/18/2017	Document approved with the Approval of September 2017 Change Request submission	Alison Gallun
V1.5	10/06/2017	Removed New CK Pregnant Woman Approval as this is the same language as the New CK approval	Elizabeth Dubret-Hill
V1.5	10/10/2017	TEDS-14828: 1. Remove "any" from the report changes to tenncare common language 2. Updated rules citation fonts to TNR pt. 9	Lolly Kruse

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V1.5	10/24/2017	TEDS-15154: Add a line of space between "Be sure".... And "when you send"... in the How to Send Information to TennCare Common Language. TEDS-15168: Corrected typo in the Part X. Tells you why you are "denial" for an MSP, to say "denied"	Lolly Kruse
V1.5	11/3/2017	Document included in Change Request submission for October 2017	Alison Gallun
V1.5	11/14/2017	Document approved with the Approval of October 2017 Change Request submission	Sakshi Bhatnagar
V1.6	11/11/2017	TEDS-17034: Updated Spanish Translation	Elizabeth Dubret Hill
V1.6	12/20/2017	TEDS-18547: Removed the redundant CK Pregnant Woman Trigger and the Presumptive Pregnant Trigger. Add the Institutional Medicaid language trigger under "Why you don't qualify for other types of health coverage" section. Remove references to Part X, instead call out the title of the section. TEDS-18750: Update the example letter with correct appeals language. TEDS-14822: Change from U.S. to US to match TEDS standards.	Elizabeth Dubret Hill
V1.6	1/5/2018	Document included in Change Request submission for December 2017	Sakshi Bhatnagar
V1.6	2/21/2018	Document approved with the Approval of December 2017 Change Request submission	Sakshi Bhatnagar
V1.7	3/15/2018	TEDS-25070 – Updated to remove CKP Non Citizen and	Elizabeth Hill

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		Redetermination after Reconsideration language and triggers TEDS-24970 – Updated Spanish Reporting Changes common language	
V1.7	3/19/18	TEDS-25203 – 1. Updated Undue Hardship Language for approvals 2. Edited the trigger condition for 'Your Health Plan' section that was mislabelled to be Redetermination or Case Change MA or TS to CK Approval 3. Added pilot language to English 4. Moved LOC Unknown and Receiving Coverage section to lower category approvals section TEDS-22076 – 1. Added static fair hearing reason to the new health coverage approvals for appeals section 2. Updated How to Send Information TennCare Page to only Trigger for AIAN Unverified 3. Updated summary table to say 'Start Date :' 4. Added static title to the fair hearing reasons 5. Made spacing before "Part <X>" titles 12 point double space	Elizabeth Hill
V1.7	4/6/2018	Document included in Change Request submission for March 2018	Shea Roberson
V1.8	4/17/2018	TEDS-25668 – 1. Remove 's' from 'MSP' 2. Removed extra period from redetermination QMB 3. MSP Updates to English Language 4. Adjusted trigger logic to account for changes in COEs for MSP cases.	Elizabeth Dubret Hill

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		5. Added language to new health coverage approval and future/post term 6. Edited the language for CK lower category approvals 7. Updated the language to say 'Why you don't qualify' for other kinds of benefits in all locations in the notice. Updated English and Spanish	
V1.8	5/4/2018	Document included in Change Request submission for April 2018	Shea Roberson
V1.9	5/9/2018	TEDS-30344: Redesign of NOD TEDS-43938: clarify documentation on total terms and approvals	Elizabeth Hill
V1.9	7/18/2018	Document included in July 27, 2018 Design Submission	Lolly Kruse
V1.9	8/7/2018	Document approved with the Approval of Change Request Submission on July 27, 2018.	Shea Roberson
V1.10	9/5/2018	TEDS-52137: Penalty period language changed to calculate from application date instead of system date.	Lolly Kruse
V1.10	9/5/2018	Document included in September 7, 2018 Design Submission.	Lolly Kruse
V1.10	09/13/18	Document approved with the Approval of Change Request submission on 9/7/2018	Shea Roberson
V1.11	11/30/2018	TEDS-46078. Changes made as part of Wave 2.0	Nikhil Gaitonde
V1.11	11/30/2018	Document approved with the Approval of Change Request submission on 11/30/2018	Nikhil Gaitonde
V1.12	02/20/2018	trsTEDS-70064. Updated Start Date Appeals Language and made conditional TEDS 55493- Updated formatting changes TEDS 52433- Updated Start Date Appeals logic in business triggers	Nikhil Gaitonde
V1.12	3/8/2018	Document included in Change Request submission on 3/8/2019	Nikhil Gaitonde
V1.12	3/11/2019	Document included in Change Request resubmission for 3/8/2019	

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V1.12	4/15/2019	Document approved with approval for 3/8/2019 Change Request resubmission	
V1.13	4/30/2019	Changes made to be implemented in Wave 4 release. TESD-64305: Added a section to the notice to display when an individual has requested long term care through the FFM and is being processed by TEDS for the first time TEDS-73629: Add language when individual is denied for full coverage and terminated for Presumptive.	Lolly Kruse
V1.13	5/3/2019	Document included in Change Request submission for 5/3/2019	
V1.13	5/21/2019	Document approved with approval of 5/3/2019 Change Request submission	
V1.14	6/12/2019	For Wave 5.0 implementation TEDS-85903: When individuals are terminated for failure to provide ROP or terminated for not meeting citizenship requirements for ROP, the Appeals language should show as well as a fair hearing reason TEDS-81195: Do not reference 'the table below' in the denial intro section. Instead say keep reading. Say your coverage end instead of will end when PE is termed and denied for full coverage	Lolly Kruse
V1.14	6/14/2019	Document included in Change Request submission for 6/14/2019	
V1.14	7/1/2019	Document approved with approval of 6/14/2019 Change Request submission	
V1.15	8/8/2019	TEDS-85126: Change language for Intake Terminated language TEDS- 62963: Add fair hearing language to CoverKids Pregnant Women and Non Citizen	Lolly Kruse
V1.15	8/9/2019	Document included in Change Request submission for 8/9/2019	
V1.15	8/28/2019	Document approved with approval of 8/9/2019 Change Request submission	
V1.16	9/6/2019	TEDS-89005: Add language to the NOD when an appeal is closed and the NOD is triggered	
V1.16	9/6/2019	Document included in Change Request submission for 9/6/2019	

Version	Date	Additions/Modifications	Prepared/Revised by
V1.16	10/1/2019	Document approved with approval of 9/6/2019 Change Request submission	
V1.17	9/11/2019	TEDS-99096: Update Spanish translation for when an appeal is closed and the NOD is triggered	
V1.18	10/15/2019	The following changes have been made as part of Release 7.0. TEDS-59892: The NOD shall be updated to exclude individuals on the NOD who have been previously authorized on another day. TEDS-82533: Trigger Condition: Approved for Institutional Hospital Category has been added. TEDS-87554 – Document Updated to revise the language on the "How to Send Information to TennCare" attachment	
V1.18	10/18/2019	Document included in Change Request Submission for 10/18/2019	
V1.18	11/26/2019	Document approved with approval of Change Request submission for 10/18/2019	
V1.19	11/1/2019	Document included in Change Request submission on 11/1/2019	
V1.20	11/15/2019	Document included in Change Request submission for 11/15/2019	
V1.20	1/22/2020	Document approved with approval of 11/15/2019 Change Request submission	
V1.21	12/13/2019	Updated as per the requirements of CR TEDS-98083, for Release 8.0 – A new Trigger Condition: Change of Resource from AVS has been added to the notice. TEDS-99096: Add Spanish translations for the <Reason for Decision> Variable TEDS-98413: Updated language for LOC unknown but receiving coverage tag	Lolly Kruse
V1.21	12/13/2019	Document included in Change Request submission for 12/13/2019	
V1.21	1/27/2020	Document approved with approval of 12/13/2019 Change Request submission	
V1.22	1/17/2020	TEDS-98083: Add language to the 'other information' section when person is denied for being over the	

Version	Date	Additions/Modifications	Prepared/Revised by
		resource limit and verified by the AVS interface.	
V1.23	2/10/2020	Updates for Katie Beckett Resubmission include: 1. Merged all Katie Beckett updates to the most recent NOD 2. Updated the Notice description for Katie Beckett 3. Removed all trigger conditions related to Hardship 4. Updated all Part C language to Continued Eligibility 5. Updated the \<KB Lower Category Approval OR KB Negative Change in category\> to read \<KB Intro Approval – Always\> and updated language 6. Added trigger condition: \<Do You Think We Made a Mistake – Not KB Negative Change/Lower Category Approval/Intake Term\> 7. Combined Trigger Conditions \<KB Part A Approval without TPL Prior to Cut-Off Date\> and \<KB Part A Approval without TPL Post Cut-Off Date\> 8. Updated Dynamic field – TPL Due Date 9. TennCare connect updated in corresponding locations 10. EndDT Example updated to Friday 11. Notice ID Updated to TN 301.6	Moriah Viviano

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V1.23	2/13/2020	Updates made for TN-1484: Updated double spacing between sentences 1) Added examples for TN Website and TEDS Fax	Moriah Viviano
V1.24	2/28/2020	**Release 9.0:** 1) Added the paragraph "Are you eligible for other kinds of benefits like unemployment income, retirement income or disability? If so, you must apply for those benefits also to keep coverage with us" for CR TEDS-108126	Prakrutha Makonda
V1.25	3/20/2020	Updated to include Trigger Conditions for KB hardship: KB Part A Approval No TPL – Hardship Language	Moriah Viviano
V1.25	3/20/2020	Document included in 3/20/2020 Change Request submission	
V1.25	4/27/2020	Document approved with approval of 3/20/2020 ADR Submission	
V1.25	4/8/2020	Resubmission for CR TN-1484 – no additional comments and changes required.	Moriah Viviano
V1.26	4/23/2020	CR TN-1485 LTSS Disenrollment Reasons. 1) Added <LOC Appeals Language> 2) Updated Filing Appeals – removed Eligibility – from the trigger condition and index	Moriah Viviano
V1.27	4/27/2020	**Release 10.0:** Updated the document based on requirements in for the respective CRs: **TEDS-115042** – Added "Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. " in the following sections: <Trigger Condition: CKP but Non Citizen>	Prakrutha Makonda

Version	Date	Additions/Modifications	Prepared/Revised by
		TEDS-124701 – <Trigger Condition: CKP but Non Citizen> Replace the term "lawfully admitted to the U.S" with "eligible immigrant" <Trigger Condition: ROP Denied for ongoing Health Coverage> Replace the term "US legally" with "eligible immigrant" **TEDS-123463 and TEDS-100083:** Updated the document to add the condition that the NOD shall exclude individuals who are 'terminated for individual merge, or terminated for case merge because the person is being moved to a new case' for CRs	
V1.27	5/4/2020	**Release 9.0:** Modified language as requested by Angela on 5/4/2020 for CR TEDS-128478	Prakrutha Makonda
V1.26	5/5/2020	Document included in 5/5/2020 ADR Submission	
V1.26	5/15/2020	Document approved with approval of 5/5/2020 ADR Submission	Madeline Fahey
V1.26	5/11/2020	Document included in 5/11/2020 ADR Submission	Madeline Fahey
V1.26	6/5/2020	Document approved with the approval of 5/11/2020 ADR Submission	Briana Pastrano
V1.26	6/1/2020	Document included in 6/1/2020 ADR Submission re TEDS-128478	Madeline Fahey
V1.26	7/30/2020	Document approved with approval of 6/1/2020 ADR Submission	Madeline Fahey
V1.26	6/29/2020	Document included in 6/29/2020 ADR submission	Madeline Fahey
V1.26	7/31/2020	Document approved with approval of 6/29/2020 ADR Submission	Madeline Fahey
V1.27	7/9/2020	Release 10.0: Added the exclusion reason for Continuation of Benefits closed due to resolving Appeal for Failure to Provide/Failure to Renew for CR TEDS-92553	Prakrutha Makonda
V1.27	7/10/2020	Document included in 7/14/2020 ADR Submission	Briana Pastrano
V1.27	8/25/2020	Document approved with approval of 7/14/2020 ADR Submission	
V1.28	9/14/2020	Release 12.0: **TEDS-138787** – Added to include <Trigger Condition: Agreement to Sell Property for ABD> & <Trigger Condition: Agreement to Sell Property for MN > when an individual is terminated for Conditional Assistance **TEDS-121437** – The term "Hospital" should be revised to read as "medical facility (like a	Prakrutha Makonda

Version	Date	Additions/Modifications	Prepared/Revised by
		hospital)" under the Trigger Condition: Approved for Institutional Hospital Category	
V1.28	9/22/2020	Document included with 9/22/2020 ADR Submission	Madeline Fahey
V1.28	10/5/2020	Document included in the 10/5/2020 ADR Submission	Laura Lewis
V1.28	11/12/2020	Document approved in the approval of 10/5/2020 ADR Submission	Laura Lewis
V1.29	11/9/2020	Document included in Change Request for Katie Beckett CR TN-16437	Moriah Viviano
V1.23	11/12/2020	Document included in ADR submission on 11/12/2020.	
V1.23	1/19/2021	Document approved in the approval of 11/12/2020 submission	Laura Lewis
V1.24	2/3/2021	Release 13.0: TEDS-160547 – The Trigger Condition: Start Date Appeal KB Part B or Continued Eligibility for Newly Approved KB must be updated to only populate for Start Date Appeal KB Part B	Prakrutha Makonda
V1.25	2/25/2021	Release 14.0: TEDS-112555 – Added new Trigger conditions for FTP for the following proofs: - 1. Verification Not Provided – Pre-Term - 2. Verification Not Provided – Earned Income - 3. Verification Not Provided – Liquid Resources - 4. Verification Not Provided – Unearned Income - 5. Verification Not Provided – Self-Employment Income TEDS-121448 – Added the following trigger conditions in the denial and termination section of MSP: <Trigger condition = Approved for DAC/Pickle/Foster Care/Adoption Assistance AND denied for MSP for over income AND Entitled to Part B Buy In = Yes> <Trigger condition = Approved for DAC/Pickle/Foster Care/Adoption Assistance AND terminated for MSP for over income AND Entitled to Part B Buy In = Yes> <Trigger Condition: Termed for MSP and not entitled for Part B Buy In>	Prakrutha Makonda

Version	Date	Additions/Modifications	Prepared/Revised by
		TN-19379 – The language in the NOD for LTSS Appeals should read " How to File an Appeal for your Katie Beckett Enrollment"	
V1.25	3/1/2021	Document included in the 3/1/2021 ADR Submission	Laura Lewis
V1.25	4/12/2021	Document approved in the approval of 3/1/2021 ADR Submission	Laura Lewis
V1.25	3/15/2021	Document included in the 3/15/2021 ADR Submission	Laura Lewis
V1.25	4/29/2021	Document approved in the approval of the 3/15/2021 ADR submission	Laura Lewis
V1.26	4/22/2021	TEDS-35420: Added COE information to trigger conditions for ECF categories and included new trigger condition for LOC unknown for ECF	Lolly Kruse
V1.26	4/26/2021	Document included in the 4/26/2021 ADR Submission	Laura Lewis
V1.27	5/7/2021	Release 15.0: TEDS-35420 – Update language in Trigger Condition: Undue Hardship TEDS-171433 – Added Trigger Condition Start Date Appeal for Retro Eligibility	Prakrutha Makonda
1.27	5/24/2021	Document included in the 5/24/2021 ADR Submission	Laura Lewis
1.27	7/1/2021	Document approved in the approval of 5/24/2021 ADR Submission	Laura Lewis
V1.28	7/1/2021	**Release 16.0** TEDS-92659: Remove the existing How to Report Changes sheet so that it can be included as a standard attachment	
V1.28	7/7/2021	Document included in the 7/7/2021 ADR Submission	Laura Lewis
V1.29	7/15/2021	TEDS-176052: Updated the Field Logic for Term Reason and Denial Reason on the Notice Details table	Anushka Madhuvarshi
V1.29	7/19/2021	Document included in the 7/19/2021 ADR Submission	Laura Lewis
V1.30	7/28/2021	TEDS-179681: Updated Spanish Retro Start Date Appeal Language; Updated condition for Start Date Appeal for Retro Eligibility	Anushka Madhuvarshi
V1.30	8/2/2021	Document included in the 8/2/2021 ADR Submission	Laura Lewis

Version	Date	Additions/Modifications	Prepared/Revised by
V1.30	8/2/2021	Document approved with the approval of the 8/2/2021 ADR submission	Meghan Donahue
V1.31	8/27/2021	TEDS-161485: Added Adoption Assistance and Foster Care COEs to Part B Buy-In trigger logic	Anushka Madhuvarshi
V1.31	8/30/2021	Document included in 8/30/2021 ADR submission	Meghan Donahue
V1.31	11/3/2021	Document approved with the approval of the 8/30/2021 ADR submission	Meghan Donahue
V1.32	11/11/2021	TEDS-189231: Added Katie Beckett Part A, ECF At-Risk, ECF Working Disabled, Institutional Medicaid Aged, Institutional Medicaid Blind, and Institutional Medicaid Disabled COEs to Part B Buy-In trigger logic	Anushka Madhuvarshi
V1.33	11/18/2021	TEDS-92429 | COB Override Module	Austin Kalmans
V1.33	11/18/2021	TEDS-196600: Update language in the Trigger Condition: Agreement to Sell Property for ABD	Prakrutha Makonda
V1.33	11/19/2021	TEDS-182742: Added new section for Termed for Part B Buy In under the termed for KB section and above the Appeal Language Sections. Updated the trigger condition name from "Trigger condition = Approved for DAC/Pickle/Adoption Assistance/Foster Care AND terminated/denied for MSP for over income AND Entitled to Part B Buy In = Yes" to "Approved with Part B Buy In". And updated the language. Updated the version number from TN 301.12 to TN 301.13 Updated the trigger condition for COB Updated the Spanish Translation Template according to the changes listed above	Jazmine Hsu-Kei

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V1.33	11/22/2021	Document included in 11/22/2021 ADR submission	Austin Kalmans
V1.33	1/24/2022	Document approved with the approval of the 11/22/2021 ADR submission	Meghan Donahue
V1.34	12/20/2021	Document included in the 12/20/2021 ADR submission	Meghan Donahue
V1.34	3/3/2022	Document approved with the approval of the 12/20/2021 ADR submission	Meghan Donahue
V1.35	2/7/2022	Updated the document based on requirements for CR TEDS-184718 – Release 19.0 – **Version #:** TN 301.14 – **Revision Date:** 4/3/2022 – Updated the NOD with new denial reasons	Prakrutha Makonda
V1.35	2/14/2022	Document included in the 2/14/2022 ADR submission	Meghan Donahue
V1.35	4/4/2022	Document approved with the approval of the 2/14/2022 ADR submission	Meghan Donahue
V1.36	4/10/2022	Updated the document based on requirements for CR TEDS-196995 - Release 20.0 – **Version #:** TN 301.15 – **Revision Date:** 6/12/2022 – Add the COB Advance termination Trigger condition in the termination section of TCM/ CK, MSP and KB	Prakrutha Makonda
V1.36	4/11/2022	Document included in the 4/11/2022 ADR submission	Meghan Donahue
V1.36	5/25/2022	Document approved with the approval of the 4/11/2022 ADR submission	Meghan Donahue
V1.37	5/27/2022	Updated the document based on requirements for CR TEDS-1038218 – Release 20.1 – **Version #:** TN 301.16 – **Revision Date:** 7/17/2022 – Update language in the Non COB appeal section	Prakrutha Makonda
V1.37	6/6/2022	Document included in the 6/6/2022 ADR submission	Meghan Donahue
V1.38	6/13/2022	Updated the document based on requirements for CR TEDS-1040540 - Release 21.0 – Version #: TN 301.17 - Revision Date: 9/18/2022 – Updated Language in the section <Trigger Condition: Non-COB>,	Prakrutha Makonda

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		Remove "After <Appeal40Days> it's too late to appeal." in the Trigger Condition: COB including COB Advanced Termination for All Programs and add it to the <Trigger Condition: Appeals Language>	
V1.38	6/20/2022	Document included in the 6/20/2022 ADR submission	Meghan Donahue
V1.39	7/14/2022	TEDS-1048116 – Updated the document to include the following paragraph in the LTSS appeals section. What if you think you should file a Katie Beckett Enrolment appeal? You have until August 17, 2022 to file an appeal. After August 17, 2022, it's too late to appeal this decision.	Prakrutha Makonda
V1.40	9/15/2022	Updated the document based on requirements for CR TEDS-1051443 - Release 22.0 – **Version #:** TN 301.18 – **Revision Date:** 12/18/2022 – Update language "Do you want to see our rules that are listed in this notice? …" in the Trigger Condition: Other Information	Prakrutha Makonda
V1.41	9/29/2022	Updated the document based on requirements for CR TEDS-1055713 – Doc Only CR updated documentation to include the sentence "Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify." in <Trigger Condition: CKP but eligible non-citizen>	Prakrutha Makonda
V1.40	9/26/2022	Document included in the 9/26/2022 ADR Submission	Micha Cartwright
V1.40	10/10/2022	Document included in the 10/10/2022 ADR Submission	Micha Cartwright
V1.40	11/21/2022	Updated the Spanish language for the triggers for Denied for KB and Fair Hearing Reasons Exist as per TEDS-1060376	Genevieve Collado

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V1.40	11/29/2022	Updated Spanish language for CKP but eligible non-citizen trigger per ADR submission (Translation Needed)	Genevieve Collado
V1.41	12/12/2022	Updated the document based on requirements in Release 23.0 – **Version #:** TN 301.19 – **Revision Date:** 3/19/2023: 1. **TEDS-1046059** - Update the logic to show the non grouping denial language in the notes section under Other details- The NOD will ignore the non grouping denial reasons (EL1025/ EL5027) when someone is denied for any financial and nonfinancial reasons at the same time. This applies to all programs on the NOD. 2. **TEDS-1035967** – Added Trigger Condition: Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage and also appeal rights will show for individuals who get this trigger language 3. **TEDS-1053084 & TEDS-1053088** – Removed all During/ Post Pilot. Added Trigger Condition: Substantive - Denial/Termination & Trigger Condition: Non-Substantive - Procedural Denial/Termination	Prakrutha Makonda
V1.41	1/16/2023	Document included in the 1/16/2023 ADR Submission	Micha Cartwright
V1.42	3/13/2023	Updated the document based on requirements in Release 23.0 – **Version #:** TN 301.20 – **Revision Date:** 4/16/2023: TEDS-1074909 – Updated the language in Trigger Condition: Substantive - Denial/Termination & Trigger Condition: Non-Substantive - Procedural Denial/Termination and included a new trigger condition to show Substantive/ Procedural when more than one individual is	Prakrutha Makonda

Version	Date	Additions/Modifications	Prepared/Revised by
		denied/ terminated for one of these reasons	
		Updated the document based on requirements in Release 24.0 – Version #: TN 301.21 – Revision Date: 6/18/2023: **TEDS-1057766** - The NOD will be modified to include the SummaryofCaseInformation as an attachment when at least one individual on the case has been auto renewed. The attachment will not include the header when attached with the NOD TEDS-1063585 – Remove the policy citation on triggers Denied for Health Coverage, denied for MSP and ROP Denied for ongoing Health Coverage, Denied for KB	
V1.43	3/20/2023	Updated the document based on requirements in Release 24.0 – Version #: TN 301.21 – Revision Date: 6/18/2023: TEDS-1057766 - The NOD will be modified to include the SummaryofCaseInformation as an attachment when at least one individual on the case has been auto renewed. The attachment will not include the header when attached with the NOD TEDS-1063585 – Remove the policy citation on triggers Denied for Health Coverage, Denied for MSP and ROP Denied for ongoing Health Coverage, Denied for KB	Maddie Mason
V1.43	4/10/2023	Document included in the 4/10/2023 ADR Submission	Micha Cartwright

Table of Contents

1   Notice Information

1.1   *Notice Summary*

Notice ID	TN 301
Notice Name:	Notice of Decision
Notice Type	Notice
Description	This notice is used to inform applicants and members of their eligibility status including approvals, denials, and terminations for TennCare, CoverKids, Medicare Savings Programs (MSP), and Katie Beckett. The letter will tell recipients that they are eligible for coverage, the type of coverage they have and their start date and/or end date. The letter will inform recipients of denials, terminations, the reasons for the denials and/or terminations and includes appeal information as applicable.
Recipient(s)	Head of Household and Authorized Representative (if applicable)
Category of Eligibility:	Excludes EMA and PE
Language(s)	English/Spanish
Other forms sent out with this notice	The forms sent out with the Notice of Decision are LTSS Conditional Assistance Form and MN Conditional Assistance Form (where applicable).
Attachments sent with this notice	The attachments sent out with the Notice of Decision are Getting Health Care, How to Report Changes or Send Information to TennCare, Special Help, and Foreign Language Assistance.
Notes:	Tables will be populated in age order descending. The informational paragraphs will start on a new sheet following the summary page. The NOD will not display individuals who meet the following criteria – approved or denied for EMS categories (will be shown on EMS notice), receiving ROP (will be shown on ROP notice), voluntarily termed (will be shown on Voluntary Term notice), deceased (will be shown on Term Due to Death notice), reinstated with reason as termed in error (will be shown on Reinstate Notice), individuals who are termed for leaving the household (will be shown on NOD- Left Household), approved for presumptive Medicaid (will be shown on presumptive approval notice), or

reinstated with renewal during advanced term (no notice is mailed until a decision is made), the individual has a termination re-authorized for the same denial reason, date span, and category of eligibility that was authorized on a previous day, terminated for individual merge, terminated for case merge because the person is being moved to a new case or terminated for Continuation of Benefits closed due to resolving Appeal for Failure to Provide/Failure to Renew.

If an individual is approved for TennCare Medicaid, we will not show denial reasons unless they group and are denied for an institutional category. All other versions of TennCare Medicaid denials will be suppressed as long as the individual is approved for TennCare Medicaid. If the individual groups into a category besides Medical Assistance, the Non-Group denial reason will be suppressed. If an individual is denied and/or termed for the same denial reason, we will only show the reason once on the notice unless it shows an income or resource limit.

If the individual is approved for Katie Beckett, the Medicaid specific approval will not show because they are not approved TN Medicaid (per say). To get Katie Beckett, the individual cannot have Medicaid. However, the denial section will show in the Medicaid section.

The Notice of Decision is a primary parent notice. The hierarchy is as follows. It's location is bolded:

1. Cover Letter
2. **Notice of Decision** ← *Parent Letter*
3. Getting Health Care (if applicable)
4. LTSS Conditional Assistance Form (if applicable)
5. MN Conditional Assistance Form (if applicable)
6. How to Report Changes or Send Information to TennCare
7. Special Help
8. Foreign Language Assistance

Other details:
- The NOD will ignore the non grouping denial reasons (EL1025/ EL5027) when someone is denied for any financial and nonfinancial reasons at the same time. This applies to all programs on the NOD.
- If we are denying an individual for TennCare Medicaid for only non-grouping and we are denying them for QMB for financial denial reasons, we would show the non-Group denial for the Medicaid segment.
- When someone is denied for IM categories an/or ECF and approved for ECF on the same run the NOD must only show the approval and does not need to include the denials (including ECF denials)
- The NOD shall exclude individuals when:
    1. An individual is previously terminated, and we have communicated their termination. If the previous authorization is on a previous day, has the same COE terminated, with the same payment begin date

1.2 *Notice Triggering*

Manual Trigger?	No
Automatic Trigger?	Yes

| | Business Trigger | | An Eligibility Determination Group (EDG) is approved, denied, or terminated and authorized from the eligibility screen and meets the eligibility triggering rules. |

1.3 Business Triggers

Category	Component	Field	Condition		Comment
Closed Appeal	ED_EDG_OVERRIDE_DETAILS	CREATE_DT OVERRIDE_RSN END_DT	CREATE_DT = GENERATE_DT of NGGA0048 OVERRIDE_RSN = CB END_DT is not null		This section will trigger when at least one individual had an override ended on the day of authorization and NOD generation.
Approved Autorenewal	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)		This section will trigger when at least one individual is approved for TennCare Medicaid, TennCare Standard, or CoverKids.
Approved Autorenewal	CO_REQUEST_HISTORY	DOC_ID CREATE_USER_ID	DOC_ID = 'NGG0048' AND CREATE_USER_ID LIKE '%EDART%'		This section will trigger when an individual is auto renewed for any type of coverage.
Approved for MSP	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)		This section will trigger when at least one individual is approved for a Medicare Savings Program (QMB, SLMB, QDWI, or QI-1).
Denied for Health Coverage	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified		This section will populate if at least one individual is denied for TennCare

			Disabled Working Individual) or QI1(Qualified Individual)	Medicaid or CoverKids.
Substantive - Denial/Termination – This will populate for everyone applying who ONLY has a Substantive Denial/Termination	ED_ELIGIBILITY ED_ELIG_NOTICE_REASONS ED_INDV_NOTICE_REASONS	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD FAILURE_REASON_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN OR TN for FAILURE_REASON_CD NOT IN (EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME)	This section will appear if the all the individuals on the NOD are ONLY denied or terminated denied or terminated for a failure reason other than EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME

				EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME
Non-Substantive - Procedural Denial/Termination - This trigger should only populate if everyone who is applying receives a non substantive denial OR if one person on the NOD gets a substantive and a non substantive	ED_ELIGIBILITY ED_ELIG_NOTICE_REASONS ED_INDV_NOTICE_REASONS	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD FAILURE_REASON_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN OR TN for FAILURE_REASON_CD IN (EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME)	This section will appear if the all the individuals are denied or terminated for a failure reason listed below under procedural reasons OR if there is a single individual on the NOD who gets a substantive and a non substantive reason. ******** Procedural Reason: EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM

				EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME
Trigger Condition: Substantive – Multiple Members Denial/Termination - This trigger should only populate if there are some people who are receiving a Substantive Denial/Term	ED_ELIGIBILITY ED_ELIG_NOTICE_REASONS ED_INDV_NOTICE_REASONS	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD FAILURE_REASON_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN OR TN for FAILURE_REASON_CD NOT IN (EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME)	This trigger will populate when an NOD has more than one individual and at least one individual is denied or terminated for substantive reasons.
Multiple Members	ED_ELIGIBILITY	CURRENT_ELIG_IND	CURRENT_ELIG_IND = A	This trigger will populate when an NOD has

Denial/Termination - This trigger should only populate if there are some people who are receiving a Non Substantive Denial/Term	ED_ELIG_NOTICE_REASONS ED_INDV_NOTICE_REASONS	CG_STATUS_CD TYPE_OF_ASSISTANCE_CD FAILURE_REASON_CD	CG_STATUS_CD = DN OR TN for FAILURE_REASON_CD IN (EL5054 = VERIFICATIONS NOT PROVIDED EL3016 = FAILED TO REAPPLY OR RENEW BENEFITS EL5004 = BCC TREATMENT FORM NOT PROVIDED EL5063 = VERIFICATIONS NOT PROVIDED FOR ROP EL9035 = FAILED TO RETURN COMPLETED ME PACKET EL9106 = VERIFICATION NOT PROVIDED - PRE-TERM EL9107 = VERIFICATION NOT PROVIDED - EARNED INCOME EL9108 = VERIFICATION NOT PROVIDED - LIQUID RESOURCES EL9109 = VERIFICATION NOT PROVIDED - UNEARNED INCOME EL9110 = VERIFICATION NOT PROVIDED - SELF-EMPLOYMENT INCOME)	more than one individual and at least one individual is denied or terminated for non substantive reasons.
Denied for MSP	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will populate if at least one individual is denied for a Medicare Savings Program (QMB, SLMB, QDWI, or QI-1).
Approved with Part B Buy In	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A AND CG_STATUS_CD = AP AND Part_B = Y AND TYPE_OF_ASSISTANCE_CD in "L01", "L02", "L03", "L04", "W01", "S02", "S03", "S04", "K01"	This section will populate if the Part B indicator is Y for the applicable COEs
ROP Denied for ongoing Health Coverage	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD FAILURE_REASON_CODE	CURRENT_ELIG_IND = A CG_STATUS_CD = DN FAILURE_REASON_CODE = EL5020 (placeholder for new denial reason)	This section will populate if at least one individual is denied for not returning

				sufficient proof of citizenship for ROP.
Termed for Health Coverage	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will trigger when at least one individual's coverage is ending for TennCare Medicaid, TennCare Standard, or CoverKids. This section will only show if you are fully termed at case change or renewal. If a member is termed at intake, the person will be in the approval section.
Termed for MSP	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will trigger when at least one individual's coverage is ending for a Medicare Savings Program (QMB, SLMB, QDWI, or QI1)
Appeals Language	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A OR CG_STATUS_CD = TN or DN CURRENT_ELIG_IND = A Do NOT Show when ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD != P02 (CoverKids Child) or P03 (CoverKids	This section will always appear at intake. This section will appear for case change or redetermination approvals that result in a lower category of benefits or same category of benefits if it is not the highest category (TennCare

			Pregnant Woman) or N04 (TennCare Standard Medically Eligible) or N03 (TennCare Standard Uninsured) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) or N03 (TennCare Standard Uninsured) or N04 (TennCare Standard ME)	Medicaid or QMB or if the applicant has grouped for a higher KB COE and has been denied, but approved for a lower KB COE). This section will appear for denials. This section will appear for terminations.
Report Changes	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP	This section will appear if at least one individual is approved.
Other Information	N/A	N/A	N/A	This section will always appear.
TennCare Standard Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD = N03 (TennCare Standard Uninsured) or N04 (TennCare Standard ME)	This section will populate for each individual who is approved for TennCare Standard
Redetermin ation CK to MA and under 21	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = RD CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD = P02 (CoverKids Child) or P03 (CoverKids Pregnant Woman) AND CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = D02 (Adoption Assistance) or P06 (BCC) or F01 (CareTaker Relative) or F15 (Deemed Newborn) or S04 (Disabled Adult Child) or F09 (Extended Medicaid) or F42 (Former Foster Care) or F40 (Foster Care) or F11 (Immediate Eligibility Foster Care) or L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or F22 (Child MAGI) or P01	This section will populate for each individual who transitions from CoverKids to TennCare Medicaid at Redeterminatio n and is under the age of 21.

			(MAGI Pregnancy) or F99 (Medically Needy Child) or P99 (Medically Needy Pregnancy) or S03 (Pickle Passalong) or SSI Cash Recipient or F07 (Transitional Medicaid) or S02 (Widow/Widower) or L03 (ECF Working Disabled), L04 (ECF At-Risk) AND AGE < 21	
Change in Category	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE CD != between the two records AND TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will populate for each individual that is approved, but is changing categories from their existing coverage.
Negative Change in Category	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE CD != between the two records AND TYPE_OF_ASSISTANCE_CD on AP record is lower in the cascade than TYPE_OF_ASSISTANCE record on TN record TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified	This section will populate for each individual that is changing from a better benefit to a lesser benefit.

			Disabled Working Individual) or QI1(Qualified Individual)	
Intake Term	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) AND PAYMENT_END_DT is null on TN segment	This section will appear in intake scenarios where the individual is both approved for a period of time and terminated on-going.
Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage	ED_ELIGIB ILITY RT_EDTOA	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD EDG_TRANSACTI ON_ID PAYMENT_END_ DT PROGRAMGROUP CD	CURRENT_ELIG_IND ='A' AND TYPE_OF_ASSISTANCE_CD IN (P11,P12,P10,P13,P15,P17) AND CG_STATUS_CD ='TN' AND PAYMENT_END_DT=NULL AND exists the following record on the same day: PROGRAMGROUPCD='TM' AND CURRENT_ELIG_IND ='A' AND TYPE_OF_ASSISTANCE_CD NOT IN (P11,P12,P10,P13,P15,P17) AND	This section will trigger when an individual has Continued Coverage from their PE ending and Approved for Full Medicaid.

			CG_STATUS_CD ='AP' AND PAYMENT_END_DT=NULL	
Lower Category Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD = P02 (CoverKids) or P03 (CoverKids Pregnant Woman) or N03 (TennCare Standard Uninsured) or N04 (TennCare Standard ME)	This section will populate when an individual is approved for TennCare Standard or CoverKids.
LOC Unknown and Receiving Coverage	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD ED_ELIG_NOTIC E_REASONS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN for TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or L03 (ECF Working Disabled), L04 (ECF At-Risk) AND CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD != L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) or L03 (ECF Working Disabled), L04 (ECF At-Risk) AND FAILURE_REASON_CD = EL9032	This section will appear if the individual is denied for HCBS because their level of care is unknown and they are receiving other coverage.
New Medicaid Approval and No Choices	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD PEN_DIS_BEGIN _DT PEN_DIS_END_D T	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) AND PEN_DIS_BEGIN_DT != Null OR COMM_SPOUSE_UNCOOP_SW = Y OR	This section will trigger for each individual that is approved for TennCare Medicaid but is not eligible for CHOICES. This individual is eligible for Undue Hardship.

			REBUTTED_VALUE_AMT = > $X	
Redet or Case Change Approval for Health Coverage	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will trigger when at least one individual is approved for TennCare Medicaid, TennCare Standard, or CoverKids at case change or redetermination
Intake Approval for Health Coverage	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will trigger when at least one individual is approved for TennCare Medicaid, TennCare Standard, or CoverKids at intake
RMC RMB functionality	N/A	N/A	N/A	This section will appear once Member Portal RMC and RMB functionality
AIAN Verification and CK Approval	ED_ELIGIB ILITY DC_DEMO GRAPHICS DC_INDV	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD FED_RECOG_TRI BE_MEM_SW RACE_VERIFICAT ION_CD	ACTIVITY_TYPE = IR, PR, or IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = P02 (CoverKids Child) or P03 (CoverKids Pregnant Woman) AND FED_RECOG_TRIBE_MEM_SW = Y AIAN_VRF_CD = Y	This section will trigger for CoverKids Approvals when an individual self-attests to being an American Indian/Alaskan Native but is not verified.
MSPChange in Category	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND CURRENT_ELIG_IND = A	This section will populate for each individual that is approved, but is changing

			CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE CD != between the two records AND TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	categories from their existing MSP coverage.
MSP Negative Change in Category	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE CD != between the two records AND TYPE_OF_ASSISTANCE_CD on AP record is lower in the cascade than TYPE_OF_ASSISTANCE record on TN record TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will populate for each individual that is changing from a better MSP benefit to a lesser MSP benefit.
MSP Intake Term	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare	This section will appear in intake scenarios where the individual is both approved for a period of time and terminated on- going for MSP.

			Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) AND PAYMENT_END_DT is null on TN segment	
MSP Lower Category Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD = Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	This section will populate when an individual is approved for a lower category of MSP.
QMB Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = Q01 (QMB)	This section will trigger if at least one person is approved for QMB.
Approved TennCare Medicaid and QMB	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = Q01 (QMB) AND CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = D02 (Adoption Assistance) or P06 (BCC) or F01 (CareTaker Relative) or F15 (Deemed Newborn) or S04 (Disabled Adult Child) or F09 (Extended Medicaid) or F42 (Former Foster Care) or F40 (Foster Care) or F11 (Immediate Eligibility Foster Care) or L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or F22 (Child MAGI) or P01 (MAGI Pregnancy) or F99 (Medically Needy Child) or P99 (Medically Needy Pregnancy) or S03 (Pickle Passalong) or SSI Cash Recipient or F07 (Transitional Medicaid) or S02 (Widow/Widower) or L03 (ECF Working Disabled), L04 (ECF At-Risk)	This section will trigger if at least one person is approved for both TennCare Medicaid and QMB.

Approved QMB only	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = Q01 (QMB) AND CG_STATUS_CD = DN or TN for TYPE_OF_ASSISTANCE_CD = D02 (Adoption Assistance) or P06 (BCC) or F01 (CareTaker Relative) or F15 (Deemed Newborn) or S04 (Disabled Adult Child) or F09 (Extended Medicaid) or F42 (Former Foster Care) or F40 (Foster Care) or F11 (Immediate Eligibility Foster Care) or L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or F22 (Child MAGI) or P01 (MAGI Pregnancy) or F99 (Medically Needy Child) or P99 (Medically Needy Pregnancy) or S03 (Pickle Passalong) or SSI Cash Recipient or F07 (Transitional Medicaid) or S02 (Widow/Widower) or L03 (ECF Working Disabled), L04 (ECF At-Risk)	This section will trigger if at least one person is approved for only QMB.
SLMB Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = Q03 (SLMB)	This section will trigger if at least one person is approved for SLMB.
QI-1 Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = QI1 (Qualified Individual 1)	This section will trigger if at least one person is approved for QI1.
QDWI Approval	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = Q05 (QDWI)	This section will trigger if at least one person is approved for QDWI.
Trigger Condition: Termed for MSP including	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN	This section will trigger when at least one individual's coverage is

COB Advanced Termination for MSP		TYPE_OF_ASSISTANCE_CD	TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual)	ending for Medicare Savings Program (QMB, SLMB, QDWI, or QI1) other than COB Advance terminations
COB Advance Termination for MSP	ED_ELIGIBILITY	ACTIVITY_TYPE CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN TYPE_OF_ASSISTANCE_CD = Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) COB_advance_term_sw = 'Y'	This section will trigger when at least one individual's coverage is ending through **COB advance termination** for Medicare Savings Program (QMB, SLMB, QDWI, or QI1)
Approved for KB	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD DELETE_SW PAYMENT_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will trigger if at least one person is approved for Katie Beckett, Part A, B or Continued Eligibility.
Start Date Appeal KB Part A	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD DELETE_SW PAYMENT_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = 'K01' DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will appear if the person is approved for KB Part A.
Start Date Appeal KB Part B or Continued Eligibility for newly approved KB	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD DELETE_SW PAYMENT_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K02','K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL ACTIVITY_TYPE = 'IN'	This section will appear if the person has been approved for KB Part B or Continued Eligibility at intake.

KB Intro Approval - Always	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD DELETE_SW PAYMENT_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will appear if the person is approved for Katie Beckett Part A, B, or Continued Eligibility. This will always show.
Do You Think We Made a Mistake – Not KB Negative Change/Lower Category Approval/Intake Term	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD EDG_TRANSACTION_ID	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will appear if the person is approved for Katie Beckett and are not approved for a Negative Change in Category, Lower Category Approval, or Intake Term. This section will show for all other Katie Beckett scenarios.
KB Change in Category - General	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD EDG_TRANSACTION_ID	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate for each individual that is approved, but is changing categories from their existing KB coverage.
KB Negative Change in Category (Term)	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD EDG_TRANSACTION_ID	CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K02' ,'K03')	This section will populate for each individual that is changing from a higher KB benefit to a lower KB benefit.

			DELETE_SW = 'N' PAYMENT_END_DT IS NULL	
KB Intake Term	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD EDG_TRANSACTION_ID	CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD IN ('K01, 'K02 ,'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will appear in intake scenarios where the individual is both approved for a period of time and terminated on-going for KB.
KB Lower Category Approval	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD EDG_TRANSACTION_ID	CURRENT_ELIG_IND = A CG_STATUS_CD = DN for TYPE_OF_ASSISTANCE_CD IN ('K01','K02') DELETE_SW = 'N' PAYMENT_END_DT IS NULL CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate when an individual has grouped for higher levels of KB but approved for a lower category of KB.
KB Part A Approval	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = 'K01' DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate when the individual is approved for KB Part A.
KB Part A Approval with TPL	ED_ELIGIBILITY ED_INDV_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD TPL_ENROLL_DUE_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = 'K01' DELETE_SW = 'N' PAYMENT_END_DT IS NULL TPL_ENROLL_DUE_DT IS NULL	This section will populate when the individual is approved for KB Part A AND the individual has TPL.
KB Part A Approval without TPL.	ED_ELIGIBILITY ED_INDV_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = 'K01' DELETE_SW = 'N'	This section will populate when the individual is approved for KB Part A but does not have TPL.

		TPL_ENROLL_DUE_DT	PAYMENT_END_DT IS NULL TPL_ENROLL_DUE_DT IS NOT NULL	The TPL Due Date will not change once it has been displayed on the NOD if the applicant is reauthorized and approved. The TPL Due Date will be stored on the TPL Details Screen. The reference table is RT_EDTPLENROLLMENT.
KB Part A Approval Losing TPL	ED_ELIGIBILITY ED_VERIFICATION_CHECKLIST	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD VCL_TYPE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = 'K01' DELETE_SW = 'N' PAYMENT_END_DT IS NULL VCL_TYPE_CD = 'VC150'	This section will populate when the individual has already been approved for KB Part A with TPL, but has now lost TPL.
KB Part A Approval No TPL - Hardship Language	ED_ELIGIBILITY	CURRENT_EKIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP FOR TPYE_OF_ASSISTANCE_CD IN (K01) OR TPL_BEG_DATE IS NULL OR HARDSHIP_ELIG_CD IS NOT 'DN' or 'AP'	This section will populate when the individual is approved for KB Part A and they do NOT have TPL or they have lost TPL. This section will NOT show if the applicant has been Denied Hardship.
Approved for KB	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD IN ('K01','K02', 'K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate when the individual is approved for KB Part A, B or C.

KB Part B Approval	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = ('K03') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate when the individual is approved for KB Part B.
KB Continued Eligibility Approval	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = AP for TYPE_OF_ASSISTANCE_CD = ('K02') DELETE_SW = 'N' PAYMENT_END_DT IS NULL	This section will populate when the individual is approved for KB Continued Eligibility.
Over Income and Institutional Category	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD ED_ELIG_NOTICE_REASONS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) L03 (ECF Working Disabled), L04 (ECF At-Risk) FAILURE REASON CODE = EL3006	This section will appear if the individual is denied for an institutional category for being over income.
LOC Unknown and Not Receiving Coverage	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD ED_ELIG_NOTICE_REASONS DC_ABD_WAIVER_COA_DTLS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN for TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) AND FAILURE_REASON_CD = EL9032 AND CARE_LEVEL = UKH	This section will appear if the individual is denied for HCBS because their level of care is unknown and they are not receiving any other coverage.
LOC Unknown for ECF and Not Receiving Coverage	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD ED_ELIG_NOTICE_REASONS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN for TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) AND FAILURE_REASON_CD = EL4002	This section will appear if the individual is denied for HCBS because their level of care is unknown for ECF and they are not receiving any other coverage.

		DC_ABD_WAIVER_COA_DTLS	AND CARE LEVEL = UKE	
Penalty Period Exists for HCBS within 90 days	ED_ELIGIBILITY ED_INDV_PENALTIES	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD PEN_DIS_BEGIN_DT PEN_DIS_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled), L03 (ECF Working Disabled), L04 (ECF At-Risk) AND PEN_DIS_BEGIN_DT != Null AND PEN_DIS_END_DT <= Application Date + 90days	This section will trigger for each individual that is a denial for TennCare Medicaid and is not eligible for CHOICES but requested HCBS CHOICES. They have too many resources to qualify; therefore a penalty period is implemented.
Penalty Period Exists for HCBS longer than 90 days	ED_ELIGIBILITY ED_INDV_PENALTIES	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD PEN_DIS_BEGIN_DT PEN_DIS_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled), L03 (ECF Working Disabled), L04 (ECF At-Risk) AND PEN_DIS_BEGIN_DT != Null AND PEN_DIS_END_DT > Application Date + 90days	This section will trigger for each individual that is a denial for TennCare Medicaid and is not eligible for CHOICES but requested HCBS CHOICES. They have too many resources to qualify; therefore a penalty period is implemented.
Undue Hardship	ED_ELIGIBILITY	CURRENT_ELIG_IND CG_STATUS_CD TYPE_OF_ASSISTANCE_CD PEN_DIS_BEGIN_DT PEN_DIS_END_DT	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled), L03 (ECF Working Disabled), L04 (ECF At-Risk) OR PEN_DIS_BEGIN_DT != Null OR	This section will trigger for each individual that is a denial for TennCare Medicaid and is not eligible for CHOICES. This individual is eligible for Undue Hardship.

			COMM_SPOUSE_UNCOOP_SW = Y OR REBUTTED_VALUE_AMT = > $X	
Agreement to Sell Property for ABD	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD ED_INDV_RSC_D TLS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled), L03 (ECF Working Disabled), L04 (ECF At-Risk) AND RSC_EXEMPT_AMT > RT_ABDMEDIRESRCLIMITS AND RSC_EXEMPT_AMT <COE Resource Limit	This section will trigger for LTSS denials due to non-liquid assets (real property, vehicle resources, and other resources) greater than the resource limit.
Agreement to Sell Property for MN	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD ED_INDV_RSC_D TLS	CURRENT_ELIG_IND = A CG_STATUS_CD = DN TYPE_OF_ASSISTANCE_CD = F99 (Medically Needy Child) or P99 (Medically Needy Pregnancy) AND RSC_EXEMPT_AMT > RT_ABDMEDIRESRCLIMITS AND RSC_EXEMPT_AMT <COE Resource Limit	This section will trigger for MN denials due to real property assets being greater than the resource limit.
Presumptive Coverage ending	ED_ELIGIB ILITY	TYPE_OF_ASSIS TANCE_CD Program Status	TYPE_OF_ASSISTANCE_CD = Presumptive segments Program Status = Terminated	This section will populate when an individual was receiving presumptive benefits, and has requested to be evaluated for full Medicaid and was denied.
All Term Reasons Except Failure to	ED_ELIGIB ILITY	FAILURE_REASO N_CODE	FAILURE_REASON_CODE != EL5063 (placeholder for new eligibility denial reason ROP Failure to Provide) OR FAILURE_REASON_CODE != ELXXXX	This section will appear for all terminations except for when a person is

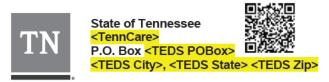|			(placeholder for new eligibility denial reason BCC Failure to Provide)	termed for failure to provide for ROP or failure to provide for BCC or is getting COB advance termination
Provide for ROP or Failure to Provide for BCC or COB Advanced Termination				
COB Advance Termination for Health Coverage	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN TYPE_OF_ASSISTANCE_CD != Q01 (Qualified Medicare Beneficiary) or Q03 (Specified Low-Income Medicare Beneficiary) or Q05 (Qualified Disabled Working Individual) or QI1(Qualified Individual) COB_Advance_Term_SW = 'Y'	This section will trigger when at least one individual's coverage is ending through **COB advance termination** for TennCare Medicaid, TennCare Standard, or CoverKids.
All Term Reasons except Failure to Provide for ROP	ED_ELIGIB ILITY	FAILURE_REASO N_CODE	FAILURE_REASON_CODE != EL5063 (placeholder for new eligibility denial reason)	This will appear for all terms except when the person is termed for failure to provide for ROP.
Termed for ROP Failure to Provide	ED_ELIGIB ILITY	FAILURE_REASO N_CODE	FAILURE_REASON_CODE = EL5063 (placeholder for new eligibility denial reason)	This will appeal when the person is termed for failure to provide for ROP.
Termed for BCC Failure to Provide	ED_ELIGIB ILITY	FAILURE_REASO N_CODE	FAILURE_REASON_CODE = ELXXXX (placeholder for new eligibility denial reason)	This will appeal when the person is termed for failure to provide for BCC.
No Response to Renewal	ED_ELIGIB ILITY	CG_STATUS_CD FAILURE_REASO N_CODE	CG_STATUS_CD = TN FAILURE_REASON_CODE = EL3016	This will appear when the person is termed because they did not respond to the renewal packet.
Medicaid and CHOICES	ED_ELIGIB ILITY	FAILURE_REASO N_CODE TYPE_OF_ASSIS TANCE_CD	FAILURE_REASON_CODE = EL3016 CG_STATUS_CD = TN TYPE_OF_ASSISTANCE_CD = L01 (Institutional Medicaid Aged) or L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or	This section will appear when the case is termed for failure to respond and a person on the case is eligible

			L03 (ECF Working Disabled), L04 (ECF At-Risk)	for Medicaid and CHOICES
Denied for KB	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN for TYPE_OF_ASSISTANCE_CD IN ('K01', 'K02 ,'K03') PAYMENT_END_DT IS NULL	This section will populate for any individuals who have grouped for KB and denied KB Part A, B or C.
Termed for KB including COB Advanced Termination	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD IN ('K01', 'K02 ,'K03') PAYMENT_END_DT IS NULL	This section will populate if the individual is currently receiving KB and is being termed for KB including COB advance terminations
Termed for KB Part A – Gaining Medicaid	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD = ('K01') PAYMENT_END_DT IS NULL CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD NOT IN ('K01', 'K02','K03') PAYMENT END DT IS NULL	This section will populate if the individual is currently receiving Katie Beckett Part A and is being termed, but also gaining Medicaid.
COB Advance Termination for KB	ED_ELIGIB ILITY	CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = TN for TYPE_OF_ASSISTANCE_CD IN ('K01', 'K02 ,'K03') PAYMENT_END_DT IS NULL COB_Advance_term_SW = 'Y'	This section will trigger when at least one individual's coverage is ending through **COB advance termination** for KB Part A or KB Part B
Termed for Part B Buy In	ED_INDV_ NOTICE_R EASONS	Failure_Reason_ CD	Failure_Reason_CD in (PB0001, PB0002, PB0003, PB0004)	This section will populate if one of the Part B Buy in denial reasons is set.
Start Date Appeal or Presumptive Coverage ending, Approved	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP OR	This section will trigger for each individual that is a new approval for Health Coverage or

			ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND there are no previous segments	MSP or Katie Beckett to inform them of their effective date appeal rights. It will also trigger when the following condition Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage shows on the NOD
for Full Medicaid, Continued Coverage				
Start Date Appeal for Retro Eligibility	ED_ELIGIB ILITY DC_CASE_ PROGRAM_ INDV	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD PRIOR_MEDICAI D_CD	ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP OR ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = AP and there are retro months	This section will show if there is an individual with a start date who is either under 21 years of age or is currently pregnant or had a baby reported in 5 months prior to the application month.
COB	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = TN PAYMENT_END_DT is null OR ACTIVITY_TYPE = IR or PR CURRENT_ELIG_IND = A CG_STATUS_CD = AP AND CURRENT_ELIG_IND = A CG_STATUS_CD = TN AND TYPE_OF_ASSISTANCE CD != between the two records	This section will appear if at least one individual is approved for a lower category of health coverage – including Katie Beckett--than what they are receiving now or is termed for health coverage (not during intake) OR if the Part B Buy In Termination section is displayed (Based on if the Part B term reasons are

			AND TYPE_OF_ASSISTANCE_CD on AP record is lower in the cascade than TYPE_OF_ASSISTANCE record on TN record OR FAILURE_REASON_CD in ('PB0001', 'PB0002', 'PB0003', 'PB0004')	set). This language gives continuance of benefits language.
Appeals Non-COB Language	ED_ELIGIB ILITY	ACTIVITY_TYPE CURRENT_ELIG_ IND CG_STATUS_CD TYPE_OF_ASSIS TANCE_CD	CURRENT_ELIG_IND = A CG_STATUS_CD = DN OR ACTIVITY_TYPE = IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD is not the highest COE in the cascade OR ACTIVITY_TYPE != IN CURRENT_ELIG_IND = A CG_STATUS_CD = AP TYPE_OF_ASSISTANCE_CD on current segment = TYPE_OF_ASSISTANCE_CD on previous segment TYPE_OF_ASSISTANCE_CD is not the highest COE in the cascade	This section will appear for all denials for any type of coverage including Katie Beckett.
Denied/Ter minated for Over the Resource Limit after an AI was sent and AVS Used in Determina tion Process	ED_ELIGIBI LITY DC_LIQUID_ RESOURCES DC_TRUST DC_BURIAL _RESOURCE S ED_INDV_R SC_DTLS	ED_ELIG_NOTIC E_REASONS CG_STATUS_CD CURRENT_ELIG_ IND RESOURCE_VERF _CD TRUST_CRF_CD BURIAL_RESOUR CE_VRF_CD CNT_RSC_AMT	ED_ELIG_NOTICE_REASONS = EL3008 CG_STATUS_CD = TN or DN CURRENT_ELIG_IND = A RESOURCE_VERF_CD = AE TRUST_CRF_CD = AE BURIAL_RESOURCE_VRF_CD = AE CNT_RSC_AMT > 0	This section will appear if at least one individual was denied or terminated for being over the resource limit and AVS had verified the resource that caused them to be over the limit.

2   Notice Template

Below is a text representation of the form/notice as it will exist in TEDs. Yellow highlights indicate fields that will be derived from the TEDs application. Red highlights indicate manual fields that will be collected from the user at the time of generation. Blue text indicates a triggering condition for the section directly following the blue text.

TN

State of Tennessee
<TennCare>
P.O. Box **<TEDS POBox>**
<TEDS City>, <TEDS State> <TEDS Zip>

<Inclusion>

<Month> <DD>, <YYYY>

<CARE OF>
<HOH NAME>
<HOH ADDR 1> <HOH ADDR 2>
<HOH CITY> <HOH STATE> <HOH ZIP>

Notice of Decision

This letter is for: <Name> (Age: <Age> and Person ID: <INDV ID>)
<Name> (Age: <Age> and Person ID: <INDV ID>)

This letter tells you about the decision we made for each person in your home when **<ReasonforDecision>**. Before we made our decision, we looked at you for different kinds of coverage.

<Trigger Condition: Closed Appeal>

Soon, you'll get another letter about why we closed your appeal.

<Trigger Condition: Always>

If you don't qualify for a kind of coverage, we will tell you why. If your coverage changes or is ending, we will tell you when and why.

Each part of this letter tells you more about our decision.

<Trigger Condition: Approved for Health Coverage>

Part <X>: About your approval.

<Trigger Condition: Approved for MSP>

Part <X>: About your approval for a Medicare Savings Program (MSP). You may know this as QMB or SLMB.

<Trigger Condition: Approved for KB>

Part <X>: About your approval for Katie Beckett

Rev: <REVDATE>   1
Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you **<StartDt>** through **<EndDt>**, **<StartTime>** to **<EndTime>**

<Trigger Condition: Denied for Health Coverage>

Part **<X>**: About your denial.

<Trigger Condition: Denied for MSP>

Part **<X>**: About your denial for a Medicare Savings Program (MSP). You may know this as QMB or SLMB.

<Trigger Condition: Denied for KB>

Part **<X>**: About your denial for Katie Beckett

<Trigger Condition: ROP Denied for ongoing Health Coverage

Part **<X>**: About your denial and coverage ending.

<Trigger Condition: Termed for Health Coverage>

Part **<X>**: Why your coverage is ending.

<Trigger Condition: Termed for MSP>

Part **<X>**: Why your Medicare Savings Program (MSP) is ending. You may know this as QMB or SLMB.

<Trigger Condition: Termed for KB>

Part **<X>**: Why your Katie Beckett coverage is ending.

<Trigger Condition: Termed for Part B Buy In>

Part **<X>**: Why your Part B Buy in is ending.

<Trigger Condition: Appeals Language>

Part **<X>**: Filing appeals.

<Trigger Condition: LTC Indicator on FFM>

Part **<X>**: Do you need care in a nursing home or nursing care at home?

<Trigger Condition: Report Changes>

Part **<X>**: Reporting Changes.

<Trigger Condition: Other Information>

Part **<X>**: Other Information.

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Need special help? Need to report a change? Have questions? Need help? Call us.

<TennCare Connect> <TCC Phone>

We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

\<Trigger Condition: Approved for Health Coverage\>

Part <mark>\<X\></mark>: About your approval.

We reviewed your facts and decided you qualify for health coverage. The kind of coverage you get depends on things like your age, people who live in your household, and how much income you have.

\<Trigger Condition: Start Date Appeal\>

Do you have proof that you applied for coverage earlier? Proof can be things like a copy of your "results" letter or email, or other proof that shows the date you applied.

\<Trigger Condition: Start Date Appeal for Retro Eligibility\>

And if you are a child or a pregnant woman, proof may also be medical bills you had in the three months prior to the month of application.

\<Trigger Condition: Start Date Appeal OR Lower Category Approval OR Negative Change in Category of Benefit\>

If you think we made a mistake about your start date or the kind of coverage you get, you can file an appeal. This letter will tell you how to file an appeal.

Who is approved: <mark>\<Name\></mark> (Age: <mark>\<Age\></mark>)

Program:	Date(s):
<mark>\<Coverage\></mark>	<mark>\<CoverageDates\></mark>
\<Trigger Condition: TennCare Standard Approval\>	**\<Trigger Condition: Redetermination or Case Change CK to MA and under 21\>**
TennCare Standard is only for some children younger than 19 who can't keep TennCare Medicaid and don't have access to other insurance (like through a parent's job).	This is also the day you stop paying co-pays for care and medicine.

Other facts about our review:

\<Trigger Condition: Approved for same benefit program after ending COB\>

You qualify for the same coverage you had before. **And,** you'll have no break in coverage.

\<Trigger Condition: Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage\>

Your TennCare Medicaid started on <mark>\<Date Eff\></mark>. It started <mark>\<Date Eff\></mark> because you were either pregnant, needed treatment for breast and/or cervical cancer, or a hospital helped you apply.

Need special help? Need to report a change? Have questions? Need help? Call us.
<mark>\<TennCare Connect\> \<TCC Phone\></mark>
We're here to help you <mark>\<StartDt\></mark> through <mark>\<EndDt\></mark>, <mark>\<StartTime\></mark> to <mark>\<EndTime\></mark>

<Trigger Condition: Intake Term>

Why <did/will> your coverage end? We looked at your facts when you applied. We found that you qualified for this kind of coverage, but only for the dates listed above. Here's why you don't qualify to keep the same kind of coverage:
<term reason>

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: Coverage starts after month they applied>

You applied but didn't qualify for our program until the date listed above. Here's why:
<denial reason>

<Trigger Condition: Change in Category>

Why did your coverage change? Here's why you don't qualify for the kind of coverage you had before:
<term reason>

<Trigger Condition: Negative Change in Category OR Start Date Appeal>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: Lower Category Approval>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<Coverage> - <denial reason>

<Trigger Condition: CKP but eligible non-citizen>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.

We were not able to verify that you are a U.S. citizen or an eligible immigrant. [42 C.F.R. § 435.956; 42 C.F.R. § 435.406; S89 Non-Financial Eligibility Citizenship and Non-Citizen Eligibility; Tenn.Comp.R&R 1200-13-20-.04(2)]

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
You are a U.S. citizen or an eligible immigrant.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<Trigger Condition: LOC Unknown and Receiving Coverage>

To get nursing home Medicaid in the institutional category, you must have an approved PAE (Pre Admission Evaluation). A PAE is an assessment that can be done by your health plan. To ask for a PAE, call your TennCare health plan.

<Trigger Condition: Approved for Institutional Hospital Category>

You can only get this type of TennCare Medicaid while you are in the medical facility (like a hospital). Tell us right away when you get discharged. This means you're no longer in the medical facility (like a hospital). Go to the "How to Report Changes or Send Information to TennCare" page with this letter to find out how to tell us.

<Trigger Condition: New Medicaid Approval and No Choices>

You also asked to have TennCare Medicaid pay for your nursing services through CHOICES. But, you can't be enrolled in CHOICES right now. There is another letter in this envelope that tells you why.

<Trigger Condition: Lower Category Approval>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: Approved for Health Coverage>

More Information about your approval.

<Trigger Condition: Approved Autorenewal>

We reviewed the facts we know to renew your health coverage. We can renew your health coverage. You are reapproved. Read the facts in your <Summary of Case Information> with this letter. If any facts are wrong, you must tell us. See the "How To Report Changes or Send Information to TennCare" page at the end of this letter. If you have questions or need more help, please call **<TennCare Connect>** for free at **<TCC Phone>**.

<Trigger Condition: Redet or Case Change Approval for Health Coverage>

If your health plan changes because you have <renewed your benefits/reported a change>, you'll get another letter from us in a few days. It will also say if there are other changes to your benefits, like co-pays for care or medicine. If nothing changes for you, you won't get another letter. The **Getting Health Care** page with this letter lists some of the services we cover. Remember to use your handbook to review the other services we cover.

<Trigger Condition: Intake Health Coverage Approval>

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

In a few days, you'll get another letter from us that tells you about your health plan and how to reach them. It will also say if you have co-pays for care or medicine. The **Getting Health Care** page with this letter tells you how to get care now.

Do you need to know who your health plan is now or how to reach them? Call us for free at **<TCC Phone>**.

<Trigger Condition: Approved for Health Coverage>

Usually you must renew your coverage each year. If your approval shows a start date and "Ongoing" or "Continued Coverage", you'll keep your coverage until something changes for you or until it's time for you to renew. When it's time to renew, we'll send you a letter.

<Trigger Condition: RMC RMB functionality>

You can also check your coverage by using your online account at <TEDSURL>.

<Trigger Condition: Approved for Health Coverage>

If you move be sure to let us know. See the "Reporting Changes" section of this letter to learn more.

<Trigger Condition: AIAN Verification and CK Approval>

Are you approved for CoverKids? And, are you an American Indian or Alaskan Native? You may qualify for lower co-pays. Send us proof of your American Indian/Alaskan Native status as soon as you can.

What can you use as proof? Things like tribal identity cards, Certificate of Indian birth, or other documentation from a tribe, Indian Health Services (IHS), or the Bureau of Indian Affairs (BIA) that verifies you are an American Indian or Alaskan Native.

Sending us proof

Do you need to send us proof of your American Indian/Alaskan Native status? Send us a **copy** of your proof.

Go to the "How to Report Changes or Send Information to TennCare" page with this letter to find out how to send us your proof.

<Trigger Condition: Approved for MSP>

Part <X>: About your approval for a Medicare Savings Program (MSP). You may know this as QMB or SLMB.

When we make our decision, we look at you for different kinds of Medicare Savings Programs. The monthly income and resource limit for Medicare Savings Programs can vary between the different groups. To learn more about the different groups and see the income and resource limits, go to <TN Website>.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<Trigger Condition: Start Date Appeal>

Do you have proof that you applied for coverage earlier? Proof can be things like a copy of your "results" letter or email, or other proof that shows the date you applied.

<Trigger Condition: Start Date Appeal OR Lower Category Approval OR Negative Change in Category of Benefit>

If you don't qualify for one of the groups, we'll tell you. If you think we made a mistake about your start date or the kind of coverage you can get, you can file an appeal. This letter will tell you how to file an appeal.

Who is approved: <Name> (Age: <Age>)

Kind of Coverage:	Dates of Coverage:
<Coverage>	<CoverageDates>

Other facts about our review:

<Trigger Condition: Approved for same benefit program after ending COB>

You qualify for the same coverage you had before. **And,** you'll have no break in coverage.

<Trigger Condition: Coverage starts after month they applied>

You applied but didn't qualify for our program until the date listed above. Here's why: <denial reason>

<Trigger Condition: MSP Change in Category>

Why did your coverage change? Here's why you don't qualify for the kind of coverage you had before:
<term reason>

<Trigger Condition: MSP Negative Change in Category (Term)/Start Date Appeal>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: MSP Intake Term>

Why did your coverage end? Here's why you don't qualify for the kind of coverage you had before:

<term reason>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking

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Need special help? Need to report a change? Have questions? Need help? Call us.
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to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: MSP Lower Category Approval>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. You don't qualify.
<Coverage> - <denial reason>

When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: Approved for MSP>

More Information about your approval.

<Trigger Condition: Approved Autorenewal>

We reviewed the facts we know to renew your health coverage. We can renew your health coverage. You are reapproved. Read the facts in your <Summary of Case Information> with this letter. If any facts are wrong, you must tell us. See the "How To Report Changes or Send Information to TennCare" page at the end of this letter. If you have questions or need more help, please call **<TennCare Connect>** for free at **<TCC Phone>**.

<Trigger Condition: Approved for MSP>

Usually you must renew your Medicare Savings Program each year. If your approval shows a start date and "Ongoing", you'll keep your coverage until something changes for you or until it's time to renew. When it's time to renew, we'll send you a letter. You can also check your coverage by using your online account at <TEDSURL>. If you move be sure to let us know. See the "Reporting Changes" section of this letter for Reporting Changes.

<Trigger Condition: QMB Approval>

Information about QMB

When you're approved for QMB, TennCare pays for your Medicare Part A and Part B premiums. And TennCare also pays the rest of your doctor and hospital bills after Medicare (and any other insurance you have) pays. And it may lower the amount of your Medicare Part D premiums and Part D co-pays.

For TennCare to pay your deductibles and coinsurance:
- you must use providers who accept Medicare **and**

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<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

- the medical services must be approved by Medicare.

Your Medicare premiums will no longer be taken out of your Social Security check. But if your premiums are still taken out of your check for more than 3 months after your QMB starts, call us at <TCC Phone>. You'll get a refund from Medicare for any premium payments taken out of your check after your QMB starts.

<Trigger Condition: Approved TennCare Medicaid and QMB>

Since you also have TennCare Medicaid, we won't send you a QMB card. Just show your providers your Medicare card (it's a red, white, and blue card) and your TennCare health plan card.

<Trigger Condition: Approved QMB only>

Soon, you'll get a QMB card from us in the mail. Be sure to show this card to your Medicare providers when you go to appointments.

<Trigger Condition: SLMB Approval >

Information about SLMB

When you're approved for SLMB, TennCare pays for your Medicare Part B premium.

We'll tell Medicare that you qualify for SLMB. We'll also tell them that TennCare will start paying your Medicare B premium.

Your Medicare Part B premium will no longer be taken out of your Social Security check. But if your Part B premium is still taken out of your check for more than 3 months after your SLMB starts, call us at <TCC Phone>. You'll get a refund from Medicare for any premium payments you made after your SLMB starts.

Do you think we counted your income or resource wrong? This letter tells you how to file an appeal.

<Trigger Condition: QI-1 Approval>

Information about QI-1

When you're approved for QI-1, TennCare pays for your Medicare Part B premium.

We'll tell Medicare that you qualify for QI-1. We'll also tell them that TennCare will start paying your Medicare B premium.

Your Medicare Part B premium will no longer be taken out of your Social Security check. But if your Part B premium is still taken out of your check for more than 3 months after your QI-1 starts, call us at <TCC Phone>. You'll get a refund from Medicare for any premium payments you made after your QI-1 starts.

Do you think we counted your income or resource wrong? This letter tells you how to file an

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

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appeal.

<Trigger Condition: QDWI Approval >

Information about QDWI

When you're approved for QDWI, TennCare pays for your Medicare Part A premium.

We'll tell Medicare that you qualify for QDWI. We'll also tell them that TennCare will start paying your Medicare A premium.

Your Medicare Part A premium will no longer be taken out of your Social Security check. But if your Part A premium is still taken out of your check for more than 3 months after your QDWI starts, call us at **<TCC Phone>**. You'll get a refund from Medicare for any premium payments you made after your QDWI starts.

Do you think we counted your income or resource wrong? This letter tells you how to file an appeal.

<Trigger Condition: Approved for KB>

Part **<X>**: About your approval for Katie Beckett

The Katie Beckett program is for children under age 18 with complex medical needs or disabilities. This program helps them get Medicaid and some Home and Community-Based Services by not counting their parent's income or resources (like bank accounts or other property).

We reviewed your facts and decided you qualify.

<Trigger Condition: Start Date Appeal KB Part A>

Do you have proof that you paid your premium earlier so your coverage should start earlier? Proof can be things like a copy of the confirmation that you paid your premium or copy of your bank statement or other proof that shows the date you paid.

<Trigger Condition: Start Date Appeal KB Part B>

Do you have proof that your PAE was approved earlier so your coverage should start earlier? Proof can be things like a copy of your approved PAE. A PAE is a Pre-Admission Evaluation. Your approved PAE must show you meet the Level of Care requirements for Katie Beckett Part B.

<Trigger Condition: KB Approval - Always>

Who is approved: <Name> (Age: <Age>)

Kind of Coverage:	Dates of Coverage:

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

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<table>
<tr><td><Coverage></td><td><CoverageDates></td></tr>
</table>

Other facts about our review:

<Trigger Condition: Approved for same benefit program after ending COB>

You qualify for the same coverage you had before. **And,** you'll have no break in coverage.

<Trigger Condition: KB Intro Approval - Always>

The Katie Beckett Program has two parts.

- Part A is for children who would qualify for care in a medical institution, but want care at home instead. If you get to enroll in Part A, you'll qualify for all of the Medicaid benefits for children. And you'll get more services to help with your disability. These are called Home and Community-Based Services or HCBS.
- Part B is for children who don't qualify for care in an institution but are "at risk" of going into one. If you get to enroll in Part B, you won't get Medicaid benefits for children. But, you'll get HCBS to help with your disability.

What happens if a child qualifies for Katie Beckett Part A but there isn't a slot available? That child may be added to the Katie Beckett Part A waiting list if these things are true:
- The child is under age 18,
- The child has applied and qualifies for Katie Beckett Part A, and
- The child already has Medicaid but no longer qualifies to keep it.

They are added to a Katie Beckett Part A waiting list **and** can keep their Medicaid while waiting for a Katie Beckett Part A slot.

<Trigger Condition: Do You Think We Made a Mistake – Not KB Negative Change/Lower Category Approval/Intake Term>

If you don't qualify for one of the groups, we'll tell you. If you think we made a mistake about your start date or the kind of coverage you can get, you can file an appeal. This letter will tell you how to file an appeal.

<Trigger Condition: KB Change in Category – General>

Why did your coverage change? Here's why you don't qualify for the kind of coverage you had before:
<term reason>

<Trigger Condition: KB Negative Change in Category (Term)>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: KB Intake Term>

Why <did/will> your coverage end? We looked at your facts when you applied. We found that you qualified for this kind of coverage, but only for the dates listed above. Here's why you don't qualify to keep the same kind of coverage:
<term reason>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: KB Lower Category Approval>

Before we made our decision, we looked to see if you could get other kinds of coverage. Here's why you don't qualify.
<Coverage> - <denial reason>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

<Trigger Condition: KB Part A Approval>

Part A is for children who would qualify for care in a medical institution, but want care at home instead. You'll get all of the Medicaid benefits for children. And you'll get more services to help with your disability. These are called Home and Community-Based Services or HCBS.

Remember, you'll pay a monthly premium amount for your Katie Beckett Part A coverage. Your premium amount is based on the household income you reported to us. When it's time to renew your coverage, tell us if your household income has changed. Your premium amount may change if your household income changes.

<Trigger Condition: KB Part A Approval with TPL>

To keep Katie Beckett Part A you must keep your private health insurance. Medicaid will help pay for things your private insurance doesn't cover. Your private insurance must meet the rules for minimum essential coverage. And you must tell us about any changes to your private insurance coverage.

<Trigger Condition: KB Part A - Losing TPL>

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

You have Katie Beckett Part A, but to keep it you must have private health insurance too. Our records show you don't have private health insurance anymore.

You have until <**60 Day TPL Due Date**> to send us proof that you have private health insurance that meets the rules for minimum essential coverage. After you get it, be sure to tell us. The "How to Report Changes or Send Information to TennCare" page with this letter tells you how.

If you don't send us proof of your private health insurance by <**60 Day TPL Due Date**>, you won't qualify to keep Katie Beckett anymore.

<Trigger Condition: KB Part A Approval No TPL – Hardship Language>

To keep Katie Beckett Part A you must have private health insurance too. Medicaid will help pay for things your private insurance doesn't cover.

You have until <**TPL Due Date**> to get private health insurance that meets the rules for minimum essential coverage. After you get it, be sure to tell us. The "How to Report Changes or Send Information to TennCare" page with this letter tells you how.

If you don't have private health insurance by <**TPL Due Date**>, you won't qualify to keep Katie Beckett anymore.

What if you need help paying your premiums? You can ask for a Hardship Waiver. If we decide you meet the rules, you may get help paying premiums for your part of your family's health insurance. Read the Katie Beckett Part A Hardship Waiver page with this letter. It tells you how to ask for a waiver.

What if you ask for a Katie Beckett Part A Hardship Waiver? You still need to buy private health insurance by <**TPL Due Date**>. And, you must pay your full premium amount. After we look at the facts you send us, we'll send you another letter that tells you our decision.

<Trigger Condition: Approved for KB>

More Information about your approval.

<Trigger Condition: Approved Autorenewal>

We reviewed the facts we know to renew your health coverage. We can renew your health coverage. You are reapproved. Read the facts in your <Summary of Case Information> with this letter. If any facts are wrong, you must tell us. See the "How To Report Changes or Send Information to TennCare" page at the end of this letter. If you have questions or need more help, please call **<TennCare Connect>** for free at **<TCC Phone>**.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<Trigger Condition: Approved for KB>

Usually you must renew your Katie Beckett coverage each year. If your approval shows a start date and "Ongoing" you'll keep your coverage until something changes for you or until it's time to renew. When it's time to renew, we'll send you a letter. You can also check your coverage by using your online account at <TEDSURL>. If you move be sure to let us know. See the "Reporting Changes" section of this letter for Reporting Changes.

<Trigger Condition: Intake Health Coverage KB Part A Approval>

In a few days, you'll get another letter from us that tells you about your health plan and how to reach them. The **Getting Health Care** page with this letter tells you how to get care now.

Do you need to know who your health plan is now or how to reach them? Call us for free at **<TCC Phone>**.

<Trigger Condition: KB Part B Approval >

Information about Katie Beckett Part B

When you're approved for Katie Beckett Part B you'll get Home and Community-Based Services (HCBS) to help with your disability. The Department of Intellectual and Developmental Disabilities (DIDD) helps you with these kind of services.

<Trigger Condition: KB Continued Eligibility Approval>

Information about Katie Beckett Continued Eligibility

You have Katie Beckett Continued Eligibility. What does this mean? You'll keep your Medicaid for now. We reviewed your facts and decided you qualify for Katie Beckett Part A but there is **no slot available** for you. This means you can't be enrolled in Part A now. We've put you on the waiting list for Part A and if a slot opens up, we'll let you know. Then we'll decide if you meet all the rules to enroll in Katie Beckett Part A.

But, while you are on this waiting list, **you'll keep your TennCare Medicaid for now.** This means you can still use all of the benefits you get in TennCare Medicaid. And you'll stay in the **same health plan** you have now.

<Trigger Condition: Denied for Health Coverage>

Part <X>: About your denial.

We looked at the facts we have for you. We use those facts to review you for our coverage groups to decide if you qualify. But you don't qualify.

What if you think you **do** qualify? This letter tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing

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We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: <Name> (Age: <Age>)

Why you are denied for <Coverage>:

<Denial Reason>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:

<fair hearing reason>

Other facts about our review:

<Trigger Condition: Over Income and Institutional Category>

You may be able to lower your monthly income by setting up a Qualified Income Trust, or QIT. You can ask a lawyer who is trained in elder law or someone else who knows how to set up QITs to help you. They can help you decide if this might work for you. If you decide to set up a QIT, your income may be low enough to qualify for TennCare.

<Trigger Condition: LOC Unknown and Not Receiving Coverage>

A PAE is an assessment that can be done by your local Area Agency on Aging and Disability (AAAD). To ask for a PAE, call them for free at 866-836-6678.

<Trigger Condition: LOC Unknown for ECF and Not Receiving Coverage>

A PAE is an assessment that can be done by your local Department of Intellectual and Developmental Disabilities (DIDD). For Employment and Community First CHOICES you can start this process by doing a self-referral online at < self-referral link>. For help with a PAE call the Department of Intellectual and Development Disabilities for free at.

If you live in west TN call **<DIDDW Phone>**.
If you live in middle TN call **<DIDDM Phone>**.
If you live in east TN call **<DIDDE Phone>**.

<Trigger Condition: Penalty Period Exists for HCBS within 90 days>

We'll review your application again on or after <penalty date plus1>. We'll send you another letter with our decision. You **don't** have to file a new application.

<Trigger Condition: Penalty Period Exists for HCBS longer than 90 days of application date>

You may be eligible for TennCare Medicaid and CHOICES after <penalty date>. You can file a new application at that time and we'll look at your facts again.

<Trigger Condition: Undue Hardship>

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Need special help? Need to report a change? Have questions? Need help? Call us.

<TennCare Connect> <TCC Phone>

We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

You also asked to have TennCare Medicaid pay for your Long Term Services and Supports (CHOICES). But you can't be enrolled in CHOICES right now. There is another letter in this envelope that tells you why.

<Trigger Condition: Agreement to Sell Property for ABD>

You have too many non-liquid resources to get TennCare Medicaid. These are resources that can't be turned into cash within 20 days. And they are things like real property, some life insurance policies, livestock, cars, boats, or farm or business equipment. But you can ask to get TennCare Medicaid while you try to sell or cash out your resources. You may have up to 6 months to sell or cash out your personal property (like life insurance policies, livestock, cars, trucks, or boats) and up to 9 months to sell real property (like land or buildings).

To see if you can get TennCare Medicaid while trying to sell or cash out your resources, complete the Agreement to Sell Property page that came with this letter. Keep reading to find out how to send it back to us.

<Trigger Condition: Agreement to Sell Property for MN >

You had too many resources (such as land or buildings) to get TennCare Medicaid. But you can ask to get TennCare Medicaid while you try to sell your property. You may have up to 9 months to sell real property (like land or buildings).

To see if you can get TennCare Medicaid while you try to sell your property, complete the Agreement to Sell Property page that came with this letter. Keep reading to find out how to send it back to us.

<Trigger Condition: Presumptive Coverage ending >

You have TennCare now because you applied for temporary coverage through a hospital or health department. But, because you don't qualify for full coverage, your presumptive coverage ends<PE Term DT>.

<Trigger Condition: Denied for health coverage>

More Information about your denial.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for our coverage groups. Things like age, income, and resources can be different between each group. To learn more about the different groups go to <TN Website>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<Trigger Condition: Denied for MSP>

Part <mark>\<X\></mark>: About your denial for a Medicare Savings Program (MSP). You may know this as QMB or SLMB.

We look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. But, you don't qualify for a Medicare Savings Program (MSP).

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: <mark>\<Name\></mark> (Age: <mark>\<Age\></mark>)

Why you are denied for \<Coverage\>:
<mark>\<Denial Reason\></mark>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<mark>\<fair hearing reason\></mark>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger condition = Approved with Part B Buy In >

You qualify to get or keep Part B Buy In. This means you have Medicare, and you have a kind of TennCare Medicaid or Katie Beckett that meets our rules for Part B Buy In. So, TennCare will pay for your Medicare Part B premiums.

We'll tell Medicare that TennCare will start paying your Medicare Part B premiums. This premium will no longer be taken out of your Social Security Check. But if your Part B premium is still taken out of your check for more than 3 months after you received this letter, call us at <mark>**\<TCC Phone\>**</mark>. You'll get a refund from Medicare for any premium payments you made after TennCare started paying your premiums.

<Trigger Condition: Denied for MSP>

More Information about your denial.
Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. The monthly income and resource limit can be different between each kind. To learn more about the different groups, go to <mark>\<TN Website\></mark>.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<mark>**\<TennCare Connect\> \<TCC Phone\>**</mark>
We're here to help you <mark>**\<StartDt\>**</mark> through <mark>**\<EndDt\>**</mark>, <mark>**\<StartTime\>**</mark> to <mark>**\<EndTime\>**</mark>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Denied for KB>

Part <X>: About your denial for Katie Beckett

Remember, when we make our decision, we look at all of your facts, all of our program rules, and each kind of Katie Beckett coverage. We decide what Katie Beckett coverage you get by looking at your income, age, and medical records. To learn more about the different groups and see the income limits, go to <LTSS Website>.

But, you don't qualify for Katie Beckett.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: <Name> (Age: <Age>)

Why you are denied for <Coverage>:
<Denial Reason>

<Trigger Condition: Fair Hearing Reasons Exists>

Do you think we made a mistake? If so, you can file an appeal. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing.

Reasons you can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: ROP Denied for ongoing Health Coverage>

Part <X>. About your denial and coverage ending.

When you applied, you told us that you were a US citizen or eligible immigrant. We sent you a letter asking for proof of your citizenship or immigration status. We asked you to send this to us within 90 days, and we gave you TennCare during this time. We have finished reviewing your application for TennCare Medicaid. We decided that **you don't qualify for TennCare Medicaid.**

Whose coverage is ending: <Name> (Age: <Age>)

Program:	Last Day of Coverage:
<Coverage>	<Term Date>

Why coverage is ending:

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

We used the proof you sent to us. But, that proof did not show that you are a US citizen or an eligible immigrant. So you can't keep TennCare.

Reasons can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: FTP Denied for ongoing TCM or MSP>

Part <X>. About your denial and coverage ending.

<Trigger Condition: Termed for Health Coverage>

Part <X>: Why your coverage is ending.

<Trigger Condition: Termed for ROP Failure to Provide>

We gave you temporary coverage when you applied because you told us you were a U.S. citizen or eligible immigrant. We asked you to send us proof of the citizenship or immigration status you told us you have on your application. But we didn't get this proof so **your coverage will end.** The table below tells you when and why your coverage is ending.

Whose coverage is ending: <Name> (Age: <Age>)

Program:	Last Day of Coverage:
<Coverage>	<Term Date>

Why coverage is ending:
<Termination Reason>

Reasons can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Termed for BCC Failure to Provide>

We reviewed the facts we have for you and decided that you don't qualify anymore. **This means your coverage will end.** The table below tells you when and why your coverage is ending.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

Whose coverage is ending: <Name> (Age: <Age>)

Program:	**Last Day of Coverage:**
<Coverage>	<Term Date>

Why coverage is ending:
<Termination Reason>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<Coverage> - <denial reason>

Reasons can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: All Term Reasons Except Failure to Provide for ROP or Failure to Provide for BCC or COB Advanced Termination>

<It was time to renew your coverage/ We received a change in your facts> so we checked to make sure you still qualify. We reviewed the facts we have for you and decided that you don't qualify anymore. **This means your coverage will end.** The table below tells you when and why your coverage is ending.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: <Name> (Age: <Age>)

Program:	**Last Day of Coverage:**
<Coverage>	<Term Date>

Why coverage is ending:
<Termination Reason>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<Coverage> - <denial reason>

Reasons can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: COB Advanced Termination for Health Coverage>

We reviewed the facts we have for you and decided that you don't qualify anymore. **This**

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
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TC-AMC-0000662861

means your coverage will end. The table below tells you when and why your coverage is ending.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: <Name> (Age: <Age>)	
Program: <Coverage>	**Last Day of Coverage:** <Term Date>

Why coverage is ending:
<Termination Reason>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<Coverage> - <denial reason>

Reasons you can have a fair hearing may include:
<fair hearing reason>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Termed for Health Coverage>
More Information about your coverage ending.

When your coverage ends, we won't pay for **any** of your healthcare or medicine anymore.

<Trigger Condition: Medicaid and CHOICES>
Are you enrolled in TennCare CHOICES? When your TennCare Medicaid ends, your TennCare CHOICES will end too.

<Trigger Condition: Over Income and Institutional Category>
You may be able to lower your monthly income by setting up a Qualified Income Trust, or QIT. You can ask a lawyer who is trained in elder law or someone else who knows how to set up QITs to help you. They can help you decide if this might work for you. If you decide to set up a QIT, your income may be low enough to qualify for TennCare.

<Trigger Condition: Termed for Health Coverage>
Remember, we look at the facts we have for you before we made our decision. And we use those facts to review you for our coverage groups. Things like age, income, and resources can be different between each group. To learn more about the different groups go to <TN Website>.

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<Trigger Condition: Agreement to Sell Property for ABD>

You have too many non-liquid resources to get TennCare Medicaid. These are resources that can't be turned into cash within 20 days. And they are things like real property, some life insurance policies, livestock, cars, boats, or farm or business equipment. But you can ask to get TennCare Medicaid while you try to sell or cash out your resources. You may have up to 6 months to sell or cash out your personal property (like life insurance policies, livestock, cars, trucks, or boats) and up to 9 months to sell real property (like land or buildings).

To see if you can get TennCare Medicaid while trying to sell or cash out your resources, complete the Agreement to Sell Property page that came with this letter. Keep reading to find out how to send it back to us.

<Trigger Condition: Agreement to Sell Property for MN>

You had too many resources (such as land or buildings) to get TennCare Medicaid. But you can ask to keep TennCare Medicaid while you try to sell your property. You may have up to 9 months to sell real property (like land or buildings).

To see if you can get TennCare Medicaid while you try to sell your property, complete the Agreement to Sell Property page that came with this letter. Keep reading to find out how to send it back to us.

<Trigger Condition: Termed for MSP including COB Advanced Termination for MSP>

Part <X>: Why your Medicare Savings Plan (MSP) is ending. You may know this as QMB or SLMB.

<Trigger Condition: Termed for MSP other than COB Advanced Termination>

<It was time to renew your coverage/ We received a change in your facts> so we checked to make sure you still qualify. We reviewed the facts we have for you and decided that you don't qualify anymore. **This means your Medicare Savings Program will end.** The table below tells you when and why your coverage is ending.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: <Name> (Age: <Age>)

Program:	Last Day of Coverage:

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Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

<mark>\<Coverage\></mark>	<mark>\<Term Date\></mark>

Why coverage is ending:
<mark>\<Denial Reason\></mark>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<mark>\<Coverage\></mark> - <mark>\<denial reason\></mark>

Reasons can have a fair hearing may include:
<mark>\<fair hearing reason\></mark>

\<Trigger Condition: COB Advanced Termination for MSP\>

We reviewed the facts we have for you and decided that you don't qualify anymore. **This means your coverage will end.** The table below tells you when and why your coverage is ending.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: <mark>\<Name\></mark> (Age: <mark>\<Age\></mark>)

Program:	**Last Day of Coverage:**
<mark>\<Coverage\></mark>	<mark>\<Term Date\></mark>

Why coverage is ending:
<mark>\<Termination Reason\></mark>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<mark>\<Coverage\></mark> - <mark>\<denial reason\></mark>

Reasons you can have a fair hearing may include:
<mark>\<fair hearing reason\></mark>

Keep reading this letter to find out how to appeal if you think we made a mistake.

\<Trigger condition = Approved with Part B Buy In\>

You qualify to get or keep Part B Buy In. This means you have Medicare, and you have a kind of TennCare Medicaid or Katie Beckett that meets our rules for Part B Buy In. So, TennCare will pay for your Medicare Part B premiums.

We'll tell Medicare that TennCare will start paying your Medicare Part B premiums. This premium will no longer be taken out of your Social Security Check. But if your Part B premium is still taken out of your check for more than 3 months after you received this letter,

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Need special help? Need to report a change? Have questions? Need help? Call us.
<mark>\<TennCare Connect\> \<TCC Phone\></mark>
We're here to help you <mark>\<StartDt\></mark> through <mark>\<EndDt\></mark>, <mark>\<StartTime\></mark> to <mark>\<EndTime\></mark>

call us at **<TCC Phone>**. You'll get a refund from Medicare for any premium payments you made after TennCare started paying your premiums.

<Trigger Condition: Termed for MSP and not entitled for Part B Buy In>

When your coverage ends, TennCare will **stop paying** your Medicare premium. This means your Social Security check may go down.

<Trigger Condition: Termed for MSP>

More Information about your coverage ending.

When we make our decision, we look at you for different kinds of coverage. The monthly income and resource limit for Medicare Savings Programs can vary between the different groups. To learn more about the different groups and see the resource limits, go to <TN Website>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Termed for KB including COB Advanced Termination>

Part **<X>**: Why your Katie Beckett coverage is ending

<Trigger Condition: Termed for KB other than COB Advanced Termination>

<It was time to renew your coverage/ We received a change in your facts> so we checked to make sure you still qualify. We reviewed your facts and decided that you don't qualify anymore. **This means your Katie Beckett coverage will end.** The table below tells you when and why your coverage is ending.

Were you getting Premium Assistance (that is help paying your health insurance premiums)? That will end, too.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: <Name> (Age: <Age>)

Program:	Last Day of Coverage:
<Coverage>	<Term Date>

Why coverage is ending:
<Denial Reason>

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
<Coverage> - <denial reason>

Reasons can have a fair hearing may include:

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

==<fair hearing reason>==

<Trigger Condition: COB Advanced Termination for KB>

We reviewed your facts and decided that you don't qualify anymore. **This means your Katie Beckett coverage will end.** The table below tells you when and why your coverage is ending.

Were you getting Premium Assistance (that is help paying your health insurance premiums)? That will end, too.

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose coverage is ending: ==<Name>== (Age: ==<Age>==)

Program:	Last Day of Coverage:
==<Coverage>==	==<Term Date>==

Why coverage is ending:
==<Termination Reason>==

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here's why you don't qualify.
==<Coverage>== - ==<denial reason>==

Reasons you can have a fair hearing may include:
==<fair hearing reason>==

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Termed for KB Part A - Gaining Medicaid>

More Information about your coverage ending.
Your Katie Beckett Part A is ending because you can get Medicaid. This means your Home and Community Based Services (HCBS) that you were getting in Katie Beckett will also end.

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: No Response to Renewal >

What can you do? By ==<20 days >==:

<Trigger Condition: RMC RMB Functionality>

- Complete your renewal online at ==<TEDSURL>==. The "How to Report Changes or Send Information to TennCare" page with this letter tells you how.

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Need special help? Need to report a change? Have questions? Need help? Call us.
==<TennCare Connect> <TCC Phone>==
We're here to help you ==<StartDt>== through ==<EndDt>==, ==<StartTime>== to ==<EndTime>==

<Trigger Condition: No Response to Renewal>

- Fill out and send us your Renewal Packet. You can mail them or fax them to us.

  By Mail: <TennCare Connect>
  P.O. Box <TEDS PO BOX>
  <TEDS CITY>, <TEDS STATE> <TEDS ZIP>

  By Fax: <TEDS Fax>

- Give us the facts we need to see if you can keep your coverage. Your Renewal Packet lists some of facts and says what you can use as proof.

What if we get your Renewal Packet soon? We'll review it to see if you still qualify. If we need more information from you to decide, we'll send you letters that tell you what facts we need. What if you send us your Renewal Packet on time but we get it on or close to the due date? You may have a short break in coverage. To help prevent a break in your coverage, send us your packet at least seven days before <Term Date>. But once we record your Renewal Packet as returned, we'll give your coverage back while we look at it.

<Trigger Condition: Termed for Part B Buy In>

Part <X>: Why your Part B Buy In is ending.

<It was time to renew your coverage/ We received a change in your facts>. We reviewed the information we have for you and decided that you don't qualify to keep Part B Buy In coverage. **This means your Part B Buy In will end** and TennCare will **stop** paying your Medicare premium. This also means your Social Security check may go down.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for our coverage groups. Things like age, income, resources, living arrangement, and level of care can be different between each group. To learn more about the different groups go to <TN Website>.

The table below tells you why your coverage is ending.

What if you think you **do** qualify to keep Part B Buy In coverage? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. The table below tells you reasons you may have a fair hearing.

Whose Part B Buy In coverage is ending: <Name> (Age: <Age>)
Why coverage is ending:
<Termination Reason>

Reasons can have a fair hearing may include:

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

Keep reading this letter to find out how to appeal if you think we made a mistake.

<Trigger Condition: Substantive - Denial/Termination – This will populate for everyone applying who ONLY has a Substantive Denial/Termination>

You gave us all your facts but didn't get TennCare or CoverKids coverage.
You may be able to get help through the Health Insurance Marketplace. You might also know this as HealthCare.gov. We sent your information to HealthCare.gov to see if you can get other insurance help. HealthCare.gov may contact you for more information.

If you have questions, call HealthCare.gov at 800-318-2596. Or, for more information on how to apply, get local help or find enrollment deadlines, go online to HealthCare.gov. For TTY/TTD call 855-889-4325.

<Trigger Condition: Non-Substantive - Procedural Denial/Termination - This trigger should only populate if everyone who is applying receives a non substantive denial OR if one person on the NOD gets a substantive and a non substantive>

You didn't give us all of the facts we requested. So, we did not have enough information to decide if you qualify for TennCare or CoverKids coverage.
You might qualify for other health insurance through the Health Insurance Marketplace. You might also know this as HealthCare.gov. Go online to HealthCare.gov to see how to apply for affordable health insurance online, over the phone, or in-person.

If you have questions, call HealthCare.gov at 800-318-2596. Or, for more information on how to apply, get local help or find enrollment deadlines, go online to HealthCare.gov. For TTY/TTD call 855-889-4325.

<Trigger Condition: Substantive – Multiple Members Denial/Termination - This trigger should only populate if there are some people who are receiving a Substantive Denial/Term >

< Substantive Name 1>, < Substantive Name 2>
You gave us all your facts but didn't get TennCare or CoverKids coverage.
You may be able to get help through the Health Insurance Marketplace. You might also know this as HealthCare.gov. We sent your information to HealthCare.gov to see if you can get other insurance help. HealthCare.gov may contact you for more information.

<Trigger Condition: Substantive – Multiple Members Denial/Termination - This trigger should only populate if there are some people who are receiving a Non Substantive Denial/Term >

<Non Substantive Name 1>, < Non Substantive Name 2>
You didn't give us all of the facts we requested. So we did not have enough information to decide if you qualify for TennCare or CoverKids coverage.

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

You might qualify for other health insurance through the Health Insurance Marketplace. Go online to HealthCare.gov to see how to apply for affordable health insurance online, over the phone, or in-person.

If you have questions, call HealthCare.gov at 800-318-2596. Or, for more information on how to apply, get local help or find enrollment deadlines, go online to HealthCare.gov. For TTY/TTD call 855-889-4325.

\<Trigger Condition: Appeals Language\>

Part \<X\>: Filing Appeals

If you think we made a mistake, you can appeal. An appeal is one way to fix problems in TennCare or tell us if you think we made a mistake. We'll take a new look at your case.

\<Trigger Condition: LOC Appeals Language\>

What if you think you should file a Katie Beckett Enrollment appeal? You have **until \<LTSS Appeal Date\>** to file an appeal.

After **\<LTSS Appeal Date\>**, it's **too late** to appeal this decision.

How to file an appeal for your Katie Beckett enrollment

You have the right to appeal this decision. You must file your appeal **by \<LTSS Appeal Date\>.** Your appeal must be in writing. Include your name, current address, and telephone number. Give us the facts we need to show you qualify now for institutional level of care. Include the PAE control number from the top of page 1 of this letter.

Mail your appeal to: **TennCare \<LTSS\>**
                                c/o Appeals, 2 East
                                \<LTSS Address 1\>
                                \<LTSS City\>, \<LTSS State\> \<LTSS Zip Code\>

OR, you can **fax** your appeal to **\<LTSS Fax Number\>.**

After **\<LTSS Appeal Date\>,** it's **too late** to appeal this decision.

If you appeal, TennCare will take another look at your case.

If TennCare still says you don't qualify for Katie Beckett at-risk level of care (for Part B), you'll get a fair hearing. You'll get a letter that says when and where your hearing will be. You may speak for yourself at the hearing. Or, you can have a friend, relative, or lawyer speak for you. If you decide to get a lawyer, please give him a copy of this letter. Hearings are conducted according to state law (Tennessee Uniform Administrative Procedures Act, TCA 4-5-101).

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Need special help? Need to report a change? Have questions? Need help? Call us.
\<TennCare Connect\> \<TCC Phone\>
We're here to help you \<StartDt\> through \<EndDt\>, \<StartTime\> to \<EndTime\>

<Trigger Condition: Start Date Appeal or Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage>

What if you think your start date is wrong? You have **until <Appeal40Days>** to file an appeal. If we decide you're right, your coverage may start earlier.

<Trigger Condition: COB including COB Advanced Termination for All Programs>

Is your coverage ending or changing and do you think we made a mistake? If you disagree with our decision and think we made a mistake, you can appeal.

There are 2 deadlines to appeal.

1. Appeal by <Appeal20Days> to keep coverage during your appeal.
2. Appeal by <Appeal40Days> to file your appeal on time.

If you appeal by <Appeal20Days>, you'll keep the coverage you have now until your appeal ends. If you lose the appeal, you may have to pay us back for services you got during your appeal.

Is the kind of coverage you have now changing? If you wait until after <Appeal20Days>, you can still appeal until <Appeal40Days>. The kind of coverage you have now will stop and your new coverage will start. But we'll look at your appeal. If you win, you may get back the coverage you have today.

Is your coverage ending? If you wait until after <Appeal20Days>, you can still appeal until <Appeal40Days>. Your coverage will still end. But we'll look at your appeal. If you win, you may get coverage again. And you can ask us to pay for services you get during your appeal.

<Trigger Condition: Non-COB>

Were you denied and think we made a mistake? You have **until <Appeal40Days>** to file an appeal.

<Trigger Condition: COB, NONCOB, Start Date Appeals Language, Presumptive Coverage ending, Approved for Full Medicaid, Continued Coverage >

After <Appeal40Days> it's too late to appeal.

Before we give you a hearing, we'll check to see if we made a mistake. If we decide you're right, we'll fix the problem.

What if we decide you're wrong? Then we'll see if you can have a fair hearing. You can have a fair hearing if you still think we made a mistake and, if you're right, you would qualify for our program or your coverage start date would change.

Rev: <REVDATE>
<center>1</center>

Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

If you can have a fair hearing, you'll get a letter that says when your hearing will be. If you can't, we'll tell you why. You don't have a right to a fair hearing just because you don't like this decision or think it will cause problems for you.

How to file an eligibility appeal

There are 2 ways to appeal:

1. Appeal **by phone** by calling <TennCare Connect> for free at **855-259-0701.**

2. Or, appeal **in writing.** You can get an appeal page from our website. Go to **<TNWebsite>.** Click "Members/Applicants" then click on "How to file an eligibility appeal." Or, you can write your appeal on plain paper. If you write your appeal on plain paper, **be sure you include:**

   - Your full name (first name, middle initial, last name)
   - Your Social Security Number
   - The names of anyone else in your household with the same problem
   - Your day time phone number and the best time to call
   - The reason why you want to appeal - tell us as many facts as you can
   - Any proof that shows why you think we made a mistake

Mail your appeal to this address:

<TennCare Connect>
Eligibility Appeals
P.O. Box <TEDS PO BOX>
<TEDS CITY>, <TEDS STATE> <TEDS ZIP>

Keep a copy of your appeal. Write down the date that you sent it to us.

Or, **fax** your appeal to **<TEDS Fax>.** It's a free fax line.
Keep the page that shows your fax went through.

Someone who has the legal right to act for you can also file an appeal for you. Legal Services or Legal Aid may give you free help with your appeal. To find a Legal Aid or Legal Services office in your area, go to **<TNWebsite>.** Click "Members/Applicants." Then click on "How to file an eligibility appeal."

<Trigger Condition: LTC Indicator on FFM>

Rev: <REVDATE>   1
Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

Part <X>: Do you need care in a nursing home or nursing care at home?

<Name>, <Name>, and <Name>, you told us on your application that you need help with activities of daily living. This can also be called CHOICES or Employment and Community First CHOICES. This helps you get care in a nursing home or nursing care at home. For more information about this kind of care you can call Area Agency on Aging and Disability for free at <AAAD Phone>. They can tell you about programs that can help. To get some of these services you may need an approved PAE (Pre-Admissions Evaluation). For Employment and Community First CHOICES you can start this process by doing a self-referral online at <insert link to self-referral>. For help with a PAE call the Department of Intellectual and Development Disabilities for free.

If you live in west TN call <DIDDW Phone>.
If you live in middle TN call <DIDDM Phone>.
If you live in east TN call <DIDDE Phone>.

<Trigger Condition: Report Changes>

Part <X>: Reporting Changes

Tell us about changes to your address, family size, or job. State law says you must tell us about changes that may affect your coverage. You **must** report these changes **within 10 days of the change.** Call us right away if:

- You move.
- You change jobs.
- Your family size changes.
- Your income changes.
- You get or can get group health insurance.

You may also need to give us proof we need to make the change. There are several ways to tell us about these changes. See the "How to Report Changes or Send Information to TennCare" page at the end of this letter.

<Trigger Condition: Other Information >

Part <X>: Other Information

<Trigger Condition: Denied/Terminated for Over the Resource Limit after an AI was sent and AVS Used in Determination Process>

<Name>, <Name>, and <Name> we work with a credit reporting agency to check your resources. You have the right to the information they have about your resources if you ask them for it within 60 days. If you have questions about the information the credit reporting agency has about these resources you can contact them at:

1. By Mail: Accuity
               P.O. Box 105108
               Atlanta, GA 30348-5108

Rev: <REVDATE>   1
Need special help? Need to report a change? Have questions? Need help? Call us.
<TennCare Connect> <TCC Phone>
We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

TC-AMC-0000662872

2. By Phone: 888-288-1345

3. Online: www.accuity.com

Do you need help with this letter because you have a health problem, learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help and we can help you. See the "Do you need Special Help" page with this letter. Or call <mark>\<TennCare Connect\></mark> for free at <mark>\<TCC Phone\></mark>.

- **Do you have a mental illness and need help with this letter?**
  The <mark>\<TennCare Advocacy Program\></mark> can help you.
  Call them for free at <mark>\<TCAP Phone\></mark>.

Do you want to see our rules that are listed in this notice? Rules are what we use to see if you qualify for coverage. You can read the federal and TennCare rules online at the websites listed below.

- For federal rules like this: [42 C.F.R. § 435.116] or [42 U.S. Code § 1383c] go to <mark>\<govinfo.gov\></mark>.
- For TennCare rules like this: [Tenn.Comp.R&R 1200-13-20] go to <mark>\<publications.tnsosfiles.com/rules/1200/1200-13/1200-13.htm\></mark>.
- For TennCare rules like this: [TennCare III Demonstration, pg. 23-26] go to <mark>\<www.tn.gov/tenncare/policy-guidelines/tenncare-1115-demonstration.html\></mark>.
- For TennCare rules like this: [TN-21-0010, AFDC Income Standards, H. MAGI-equivalent TANF payment standard] go to <mark>\<www.tn.gov/tenncare/policy-guidelines/state-plan.html\></mark>.

Or, to get a copy of our rules call \<TennCare Connect\> for free at **\<TCC Phone\>**.

Your Right to Privacy

There are laws that protect your privacy. They say we can't tell others certain facts about you. You can read about the rules on our website. Go to <mark>**\<TNWebsite\>**</mark>. Click on "Legal." Then in the middle of the page, click on "HIPAA Privacy Information." If you want us to mail you a copy, call <mark>**\<TennCare Connect\>**</mark> for free at <mark>**\<TCC Phone\>**</mark>.

People who lie on purpose to get <mark>\<TennCare\></mark> or <mark>\<CoverKids\></mark> may be fined or sent to jail.

Are you eligible for other kinds of benefits like unemployment income, retirement income or disability? If so, you must apply for those benefits also to keep coverage with us.

We do not allow unfair treatment in our program.

No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a **free call** to <mark>**\<TennCare Connect\>**</mark> at **\<TCC**

Need special help? Need to report a change? Have questions? Need help? Call us.
<mark>**\<TennCare Connect\> \<TCC Phone\>**</mark>
We're here to help you **\<StartDt\>** through **\<EndDt\>**, **\<StartTime\>** to **\<EndTime\>**

TN 301.21

Phone>.

Need special help? Need to report a change? Have questions? Need help? Call us.

<TennCare Connect> <TCC Phone>

We're here to help you <StartDt> through <EndDt>, <StartTime> to <EndTime>

3   Notice Details

Below is a table that provides additional details regarding document attributes and data elements for this particular document.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TennCare	Name of the organization sending the letters	*RT_ORGANIZATION*	*Name - TN*	This is a table value that identifies the name of the organization sending the letters.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TEDS PO Box	PO Box for the TEDS project mailbox.	*RT_ORGANIZATION*	*Address Line 1 - TN*	This is a table value that identifies the TEDS P.O. Box. Example format: 305240

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TEDS City	City for the TEDS project mailbox.	*RT_ORGANIZ ATION*	*City - TN*	This is a table value that identifies the City associated with the TEDS P.O. Box. Example format: NASHVILLE
TEDS State	State for the TEDS project mailbox.	*RT_ORGANIZ ATION*	*State - TN*	This is a table value that identifies the State associated with the TEDS P.O. Box. Example format: TENNESSEE (it must not be abbreviated)

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TEDS Zip	Zip code for the TEDS project mailbox.	*RT_ORGANIZATION*	*Zipcode - TN*	This is a table value that identifies the zip code associated with the TEDS P.O. Box. Example format: 37230-5240
Inclusion	Text informing the individual that another version of the document in a different language is included.	*N/A*	*N/A*	This text will display if the language code for the HOH is blank. The Value SI will appear on English notices, and the value EN will appear on Spanish versions. For example, the Spanish notices will display "English copy is also included in this envelope." in the inclusion section. The English notices will display "En este sobre también se incluye una copia en español"

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
Month	Letter Date Month	CO_REQUEST _HISTORY *RT_MONTH*	GENERATE_DT *Notice Text*	This field will display the month associated with the date the notice was generated The month will be displayed in either English or Spanish depending on the language of the notice template. It will display the full name of the month according to the long date standards defined above.
Day	Letter Date Day	CO_REQUEST _HISTORY	GENERATE_DT	This field will display the day associated with the date the notice was generated plus two business days. The day will follow the long date standards.
YYYY	Letter Date Year	CO_REQUEST _HISTORY	GENERATE_DT	This field will display the year associated with the date the notice was generated. The year will follow the long date standards as defined above.
CARE OF	Care of field for Mailing	DC_CASE_AD DRESSES	ADDR_CARE_OF_LINE	This field will be populated with the Care Of address line if present. The name will be displayed in all capital letters.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
HOH NAME	Head of Household Name	DC_INDV	FIRST_NAME MID_NAME LAST_NAME SUFX_NAME	This field will be populated with the head of household name. The name will be displayed First Name Middle Initial Last Name Suffix in all capital letters.
HOH ADDR 1	Case Address Line 1	DC_CASE_AD DRESSES	ADDR_LINE1 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the mailing or residence case address line 1 that does not have an effective end date based on address hierarchy rules. ADDR1 is intended to be used for the facility name if applicable.
HOH ADDR 2	Case Address Line 2	DC_CASE_AD DRESSES	ADDR_LINE2 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the mailing or residence address line that does not have an effective end date based on address hierarchy rules. ADDR2 is intended to be used for the suite if present.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
HOH CITY	Case Address City	DC_CASE_AD DRESSES	ADDR_CITY EFF_END_DT ADDR_TYPE_CD	This field will be populated with the mailing or residence address city that does not have an effective end date based on address hierarchy rules.
HOH STATE	Case Address State	DC_CASE_AD DRESSES	ADDR_STATE_CD EFF_END_DT ADDR_TYPE_CD	This field will be populated with the mailing or residence state that does not have an effective end date based on address hierarchy rules.
HOH ZIP	Case Address Zip	DC_CASE_AD DRESSES	ADDR_ZIP5 EFF_END_DT ADDR_TYPE_CD ADDR_ZIP4 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the mailing or residence address 9 digit zip code that does not have an effective end date based on address hierarchy rules. Example Format: xxxxx-xxxx

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
Reason for Decision	Current state of the case	ED_ELIGIBILITY	ACTIVITY_TYPE = IN, PR, or IR	This will display either "applied/usted presentó su solicitud," "renewed your coverage/usted renovó sus beneficios", "we received or you reported a change."/ recibimos o usted reportó un cambio, or 'we closed your appea/cerramos su apelación.l'
X	Number for the section header	N/A	N/A	This will be calculated within the notice and will increment by one every time it is used on the first page, and then will reset and increment by one ongoing through the document.
TennCare Connect	Name of the TennCare Connect	*RT_ORGANIZATION*	*Name – HC*	This is a table value that identifies the TennCare Connect
TCC Phone	TennCare Connect Phone Number	*RT_ORGANIZATION*	*Phone – HC*	This is a table value that identifies the TennCare Connect phone number Example format: 855-259-0701

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
StartDt	TennCare Connect Opening Date for Operations	*RT_WEEKDAY*	*Notice Text (English) – 2* *Notice Text (Spanish) – 2*	This is a table value that identifies the first week day of operation for TennCare Connect. It will either display in English or Spanish depending on the notice language. Example: Monday
EndDt	TennCare Connect Closing Date for Operations	*RT_WEEKDAY*	*Notice Text (English) - 7* *Notice Text (Spanish) - 7*	This is a table value that identifies the last week day of operation for TennCare Connect. It will either display in English or Spanish depending on the notice language Example: Friday
StartTime	TennCare Connect Opening Hours of Operations	*RT_ORGANIZ ATION*	*Open_Hour – HC*	This is a table value that identifies the first hour of operation for TennCare Connect. Example: 7 a.m.
EndTime	TennCare Connect Closing Hours of Operations	*RT_ORGANIZ ATION*	*Close_Hour - HC*	This is a table value that identifies the last hour of operation for TennCare Connect. Example: 7 p.m.

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
Name	Name of person receiving decision	DC_INDV	FIRST_NAME MID_NAME LAST_NAME SUFX_NAME	This will be populated with the name of the individual who is receiving a decision. The name will be displayed First Name Middle Initial Last Name Suffix in all capital letters.
Age	Age of the individual receiving a decision.	DC_INDV	DOB_DT	This will be calculated within the letter. This field is calculated by taking the system date and adding two business days to get the letter date. From there, the birth date is subtracted to calculate the individual's age.
INDV ID	Individual ID for the individual receiving a decision.	DC_INDV	INDV_ID	This is populated with the Person ID for the individual receiving a decision.
Coverage	Higher Level Category Name of coverage that will end for the individual	ED_ELIGIBILITY RT_EDTOA	TYPE_OF_ASSISTANCE_CD *High Level Programs*	This will display the higher-level program name for the category of eligibility the individual is reviewed for.

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
Coverage Dates	This will display with the dates the individual has coverage	ED_ELIGIBILITy	ELIGIBILITY_BEG_DT ELIGIBILITY_END_DT	If the person is approved ongoing, they will have a Start Date '-' 'Ongoing'. If the person is approved and termed for a category, they will have Start Date '-' End Date. If the person is continuing on the same coverage, they will have 'Continued Coverage.'
Term Reason	Term Reason for the category of eligibility	ED_ELIG_NOTICE_REASONS ED_INDV_NOTICE_REASONS *RT_EDREASON_CD*	FAILURE_REASON_CODE FAILURE_REASON_CODE *Notice Text*	This will display the term reason(s) for the categories of eligibility that the individual was previously receiving. If there are multiple term reasons there will be a .5 space between them. If the term reason is Failure to Provide and there are specific verifications listed, then verifications will be listed with indented bullet points.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
Fair Hearing Reason	Reasons the individual can have a fair hearing	ED_ELIG_NOT ICE_REASON S ED_INDV_NO TICE_REASON S *RT_EDREASO NCD*	FAILURE_REASON_CODE FAILURE_REASON_CODE *FH Notice Text*	This will display the notice fair hearing reason in either English or Spanish depending on the language preference of the head of household. If there are multiple fair hearing reasons there will be a .5 space between them.
Did / will	Change in language depending on whether your end date is in the future or past.	ED_ELIGIBILI Ty	ELIGIBILITY_END_DT	If the end date is in the future, we will display 'will.' If the end date is in the past, we will display 'did'.
Denial reason	Denial Reason for the category of eligibility	ED_ELIG_NOT ICE_REASON S ED_INDV_NO TICE_REASON S *RT_EDREASO N_CD*	FAILURE_REASON_CODE FAILURE_REASON_CODE *Notice Text*	This will display the denial reason(s) for the categories of eligibility that the individual was reviewed for and denied. If there are multiple denial reasons, there will be a .5 space between them. If the denial reason is Failure to Provide and there are specific verifications listed, then verifications will be listed with indented bullet points.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TEDS URL	URL for the TEDS Member Portal	*RT_ORGANIZATION*	*Website – TD*	This is a table value that identifies the TEDS Member Portal URL. Example: www.tenncareconnect.gov
TN Website	TennCare website address	*RT_ORGANIZATION*	*Website - TN*	This is a table value for the website for TennCare. The website will appear in Bold Times New Roman 12pt font. The website will be a hyperlink, but will not be underlined or a different color. Example: https://tn.gov/tenncare
Penalty Date plus 1	Date the individual's penalty period will no longer be in effect.	ED_INDV_PENALTIES	PEN_DIS_END_DT + 1	This will be populated with the penalty period end date plus one day. Example Format: Month DD, YYYY.
Penalty Date	End date for the penalty period	ED_INDV_PENALTIES	PEN_DIS_END_DT	This will be populated with the penalty period end date. Example Format: Month DD, YYYY.
It was time to renew your coverage/we received a change in your facts	Current state of the case	ED_ELIGIBILITY	ACTIVITY_TYPE = PR or IR	This will display renewal language if PR and change language if IR.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
Term Date	End date for the individual's coverage	ED_ELIGIBILITY CG_STATUS_CD	ELIGIBILITY_END_DT CG_STATUS_CD = TN	This will be populated with the end date for the individual's eligibility. Due to their coverage ending, this individual will get advance notice. Example Format: Month DD, YYYY.
Appeal40Days	Date by which the individual can appeal their determination	*N/A*	*N/A*	This is calculated as 40 calendar days from the letter date. Example Format: March 18, 2016
Appeal20Days	Date by which the individual can appeal their determination and keep their coverage	ED_ELIGIBILITY CG_STATUS_CD	ELIGIBILITY_END_DT CG_STATUS_CD = TN	If coverage end date is at least 20 calendar days plus weekend holiday logic from the letter date, this will display with the term date. Otherwise, this will display with 20 calendar days plus weekend holiday logic. Example Format: March 18, 2016
TEDS Fax	Fax number for TEDS	*RT_ORGANIZATION*	*Fax - TN*	This is a table value that identifies the TEDS fax number. Example format: 855-315-0669

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
TennCare Advocacy Program	Name of the TennCare Advocacy Program	*RT_ORGANIZATION*	*Name – AP*	This is a table value that identifies the TennCare Advocacy Program
TCAP Phone	TennCare Advocacy Program number	*RT_ORGANIZATION*	*Phone –AP*	This is a table value that identifies the TCAP phone number.\n\nExample format: 800-758-1638
CoverKids	Name of the CoverKids Program	*RT_COPROGRAMCD*	*Code - CK*	This is a table value that identifies the Cover Kids Program.
AppCaseAppeal Number	Case Number	DC_CASES	CASE_NUM	This field will be populated with the case number for the case.
TEDS Name	Name of the TEDS Member Portal	*RT_ORGANIZATION*	*Name – TD*	This is a table value that identifies the TEDS Member Portal.\n\nExample:\n\nTennCare Connect
ELIG Impacted Name	Name of individuals who's eligibility is impacted by the pending information	DC_INDV	FIRST_NAME\n\nMID_NAME\n\nLAST_NAME\n\nSUFX_NAME	This will be populated with the list of individuals who's eligibility is pending the listed proof.
LTC Name	Name of individuals who requested long term care for the first time on an FFM application	DC_INDV	FIRST_NAME\n\nMID_NAME\n\nLAST_NAME\n\nSUFX_NAME	This will be populated with the list of individual who requested long term care on the FFM.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
AAAD Phone	Area Agency on Aging and Disability Phone Number	*RT_ORGANIZ ATION*	*Phone – AD*	This is a table value that identifies the AAAD phone number. Example format: 800-758-1638
self-referral link	The self referral link for ECF	RT_USEFULLI NKS	SR – LTS Language	This will display the link to the self-referral application
DIDDW Phone	Department of Intellectual and Developmental Disabilities (DIDD) West Phone Number	*RT_ORGANIZ ATION*	*Phone – DW*	This is a table value that identifies the DIDDW phone number. Example format: 800-758-1638
DIDDM Phone	Department of Intellectual and Developmental Disabilities (DIDD) Middle Phone Number	*RT_ORGANIZ ATION*	*Phone – DM*	This is a table value that identifies the DIDDM phone number. Example format: 800-758-1638
DIDDE Phone	Department of Intellectual and Developmental Disabilities (DIDD) East Phone Number	*RT_ORGANIZ ATION*	*Phone – DE*	This is a table value that identifies the DIDDE phone number. Example format: 800-758-1638
PE Term Date	The termination date for the the presumptive segment.	ED_ELIGIBILI TY	*ELIGIBILITY_END_DT where COE is Presumptive or Last day of the month after the PE start date*	*Will display the termination date for the presumptive segment.*
TEDS Fax	Fax number for TEDS	*RT_ORGANIZ ATION*	*Fax - TN*	This is a table value that identifies the TEDS fax number.

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
TennCare Advocacy Program	Name of the TennCare Advocacy Program	*RT_ORGANIZ ATION*	*Name – AP*	This is a table value that identifies the TennCare Advocacy Program.
TCAP Phone	TennCare Advocacy Program number	*RT_ORGANIZ ATION*	*Phone –AP*	This is a table value that identifies the TCAP phone number. Example format: 800-758-1638
CoverKids	Name of the CoverKids Program	*RT_COPROGR AMCD*	*Code - CK*	This is a table value that identifies the Cover Kids Program.
AppCaseAppeal Number	Case Number	DC_CASES	CASE_NUM	This field will be populated with the case number for the case.
Substantive Name 1	Name of person receiving who is denied or terminated for substantive reason	DC_INDV	FIRST_NAME MID_NAME LAST_NAME SUFX_NAME	This will be populated with the name of the individual denied or terminated for a substantive reason. The name will be displayed First Name Middle Initial Last Name Suffix in all capital letters. **Note:** This will be a comma separated list if there is more than one individual identified.

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
Non-Substantive Name 1	Name of person receiving who is denied or terminated for non substantive reason	DC_INDV	FIRST_NAME MID_NAME LAST_NAME SUFX_NAME	This will be populated with the name of the individual denied or terminated for a non substantive reason. The name will be displayed First Name Middle Initial Last Name Suffix in all capital letters. **Note:** This will be a comma separated list if there is more than one individual identified.
TEDS Name	Name of the TEDS Member Portal	*RT_ORGANIZATION*	*Name – TD*	This is a table value that identifies the TEDS Member Portal. Example: TennCare Connect

Field Name on Form	Definition	Database Table / Reference Table	Database Column / Reference Table Name	Field Logic
TPL Due Date	TPL Due Date for a Mailed NOD	*RT_TPL*	*ADD_MONTHS(CUT_OFF_DT 12)*	This is a value that identifies the TPL Due date for the applicant that has been approved without TPL. This date is calculated in TEDS and should always be Jan 15th, YYYY. The YYYY is dependent upon the cut-off date calculated in TEDS. Example Format: January 15, 2021
60 Day TPL Due Date	TPL Due Date for an existing applicant that has lost TPL	*RT_TPL*	*TPL_END_DATE*	This is a value that identifies the TPL Due date for an applicant that has lost TPL and needs to regain before losing eligibility. This value is calculated in TEDS. Example: March 14, 2020
Coverage Effective Date	This is the date that the applicant's coverage began.	*TBD*	*TBD*	This date is the date that the applicant was eligible for coverage in the system. Example Format: March 14, 2020

Field Name on Form	Definition	Database Table / _Reference Table_	Database Column / _Reference Table Name_	Field Logic
Date Eff	This is the earliest date that the applicant's coverage began. – should consider the earliest date between PE, full Medicaid, and retro	ED_ELIGBILITY	ELIGIBILITY_BEG_DT	This date is the date that the applicant was eligible for coverage in the system. Example Format: March 14, 2020
Hardship Reimbursement Max Amount	This is the maximum amount that the applicant can receive for reimbursement.	_TBD_	_TBD_	This is the maximum dollar amount for reimbursement that will be calculated in TEDS. Example Format: $200.00
Federal Rules	Federal Rules Link	RT_ORGANIZATION	CODE - FR	This is a table value that identifies the Federal Rules link.
TennCare Rules - Tenn.Comp.R&R	For TennCare rules like this: [Tenn.Comp.R&R 1200-13-20] go to <publications.tnsosfiles.com/rules/1200/1200-13/1200-13.htm>.	RT_ORGANIZATION	CODE - TRC	This is a table value that identifies the TennCare Rules - Tenn.Comp.R&R link.
TennCare Rules - TennCare III Demonstration	For TennCare rules like this: [TennCare III Demonstration, pg. 23-26] go to <www.tn.gov/tenncare/policy-guidelines/tenncare-1115-demonstration.html>.	RT_ORGANIZATION	CODE - TRD	This is a table value that identifies the TennCare Rules - TennCare III Demonstration link.

Field Name on Form	Definition	Database Table / *Reference Table*	Database Column / *Reference Table Name*	Field Logic
TennCare Rules - TN-21-0010, AFDC	For TennCare rules like this: [TN-21-0010, AFDC Income Standards, H. MAGI-equivalent TANF payment standard] go to <www.tn.gov/tenncare/policy-guidelines/state-plan.html>.	RT_ORGANIZATION	CODE - TRA	This is a table value that identifies the TennCare Rules - TN-21-0010, AFDC link.
TennCare ELReason for Policy Citations	The monthly income limit for the kind of <coverage> you could get is <$xxx.xx>. Our records show your monthly income is over this limit. [Tenn.Comp.R&R 1200-13-20-.07; Tenn.Comp.R&R 1200-13-20-.08]	Business Reference Table	ELReason	This is a table value that identifies the ELReason for Policy Citations.
Cha Information	Name of the notice	CO_Master	DOC_NAME	This value will read as Summary of Case Information

4 Spanish Translation

Spanish Translation_NOD_Exm